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ABSTRACT

This document examines many aspects of parenting, child care, and child development and is designed to be used in conjunction with a curriculum guide as part of secondary laboratory-oriented courses. The 12 chapters covering course subject matter are as follows: (1) parenting; (2) prenatal and neonatal development; (3) factors affecting prenatal development; (4) birth and the neonate; (5) postnatal care of the mother; (6) prevention and control of disease; (7) theories and principles of growth and development; (8) effective guidance; (9) societal trends affecting children; (10) child abuse; (11) children's resources; and (12) care and guidance of special children. Each chapter begins with a list of essential elements and objectives and concludes with a summary. There are also vocabulary lists as well as review sections for each chapter. A critical thinking section after each chapter offers suggestions for further activities that would increase understanding of the subjects at hand. The 13th chapter discusses careers for people interested in child development, specifically addressing the following: (1) careers that directly serve children; (2) careers that indirectly serve children; (3) personal characteristics; (4) professional qualifications; (5) management of multiple roles; and (6) effective money management. The document concludes with an index and 23 references. (CML)

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Advanced Child Development

Developed and disseminated by:

Home Economics Curriculum Center
Texas Tech University
Box 41161
Lubbock, Texas 79409-1161

Directed by:
Texas Tech University
College of Home Economics
Lubbock, Texas

In Cooperation with:
Texas Education Agency
Department of Programs and Instruction
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Home Economics Education
Austin, Texas

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The persons listed below made special contributions to the development of this publication.

Texas Education Agency Home Economics Education staff in Austin:

Judith A. Hetherly
Program Director

Gay Nell McGinnis
Assistant Director

Sharon Reddell Pierce
Occupational Education Specialist

Cindy Gruner
Occupational Education Specialist

Virginia Chancellor
Occupational Education Specialist

Karen Hurdle and Monica D. Bailey served as the primary writers for the *Advanced Child Development* reference book.

Home Economics Curriculum Center staff:

Marilyn Wragg
Director

Dawna Cowan
Editor

Maureen Lambert
Contributing Writer

Tricia Hays
Information Specialist

Ben Sum
Artist

James Powell
Editorial Assistant

Amy Sellers
Student Assistant

Rachel Juarez
Editorial Assistant

The following individuals served as advisors during the development of this publication:

Ann Anderson
Teacher
Duncanville Ninth Grade school
Dallas, Texas

Joyce Munsch, Ph.D.
Assistant Professor
Texas Tech University
Lubbock, Texas

Kim Burge
Teacher
Keller High School
Keller, Texas

Jean Phipps
Teacher
Sanderson High School
Sanderson, Texas

Elizabeth Denton
Teacher
Borger High School
Borger, Texas

Jerri Hoalridge
Teacher
Burleson High School
Burleson, Texas

Roberta Laundy
Teacher
Bastrop High School
Bastrop, Texas

Betty Wagner, Ph.D.
Associate Professor
Texas Tech University
Lubbock, Texas

Diane Waters
Teacher
Westwood High School
Austin, Texas

Glenda Weldon
Teacher
Waco High School
Waco, Texas

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Contents

Acknowledgements iii

Compliance Statement v

Preface x

Essential Elements xi

Guide to Essential Elements xii

Chapter 1 — Parenting 1
Deciding Whether or Not to Become a Parent 2
Parenting Responsibilities 3
Competent Parenting 8
Committing to Parenting 10
Social Adjustments 10
Psychological Adjustments 11
Intellectual Demands 14
Physical Demands 16
Summary 17
Vocabulary 18
Review 18
Critical Thinking 19

Chapter 2 — Prenatal and Neonatal Development 21
The Reproductive Process 22
Conception 27
Stages of Prenatal Development 28
Monthly Prenatal Development 31
Physical Aspects of Pregnancy 31
Emotional Aspects of Pregnancy 32
Physical Discomforts of Pregnancy 33
Complications of Pregnancy 35
Effects of Mother's Age on Prenatal Development 38
Neonatal Development 39
Summary 40
Vocabulary 41
Review 41
Critical Thinking 42

Chapter 3 — Factors Affecting Prenatal Development 43
Heredity 43
Multiple Births 47
Genetic Defects 48
Chromosomal Errors 51

Environment and Health 52
Prenatal Health Care 59
Summary 61
Vocabulary 62
Review 62
Critical Thinking 63

Chapter 4 — Birth and the Neonate 65
The Birth Process 65
Childbirth Options 68
Examining the Neonate 71
Neonatal Adjustments 74
Feeding the Neonate 75
Care and Protection 76
Parent-Infant Interaction 82
Development During the First Month 84
Summary 85
Vocabulary 86
Review 86
Critical Thinking 87

Chapter 5 — Postnatal Care of the Mother 89
Physical Changes 89
Concerns of the New Mother 90
Concerns of the New Father 93
Summary 95
Vocabulary 96
Review 96
Critical Thinking 96

Chapter 6 — Prevention and Control of Disease 97
Health Needs of Children 97
Diseases of Children 103
Preventing and Controlling Disease 105
Healthful Lifestyles 111
Summary 113
Vocabulary 113
Review 114
Critical Thinking 114

Chapter 7 — Theories and Principles of Growth and Development 117
Principles of Growth and Development 118
Theories of Development 120
Physical Development 125
Mental Development 126
Social Development 128
Emotional Development 129
Moral Development 131
Aspects of Development 132
Summary 148

Vocabulary 149
Review 149
Critical Thinking 150

Chapter 8 — Effective Guidance 151
Reasons for Guidance 152
Child Guidance Methods 152
Parenting Styles 156
Influence of Role Models on Development 157
Effects of Guidance on Self-concept 158
Addressing Children's Questions about Physical Issues 159
Summary 162
Vocabulary 163
Review 163
Critical Thinking 163

Chapter 9 — Societal Trends Affecting Children 165
Influences on Societal T nds 165
Societal Trends 166
Summary 176
Vocabulary 177
Review 177
Critical Thinking 178

Chapter 10 — Child Abuse 179
Forms and Signs of Abuse and Neglect 179
Causes of Child Abuse 184
Effects of Child Abuse 185
Prevention and Treatment of Abuse 186
Laws Protecting Children 189
Summary 191
Vocabulary 191
Review 192
Critical Thinking 192

Chapter 11 — Children's Resources 193
The Beginning of Children's Rights and Reforms 194
Protecting Abused and Neglected Children 194
Progress in Child Care and Education 195
Health Services 196
Resources for Disabled People 197
Youth Organizations 199
Professional Assistance for Children 199
Summary 208
Vocabulary 209
Review 209
Critical Thinking 209

Chapter 12 — Care and Guidance of Special Children 211
Understanding and Identifying Special Needs 211

Care and Guidance of Special Needs Children 218
Challenging Gifted Children 220
Summary 222
Vocabulary 223
Review 223
Critical Thinking 224

Chapter 13 — Careers Regarding Advanced Child Development 225
Careers that Directly Serve Children 226
Careers that Indirectly Serve Children 229
Personal Characteristics 231
Professional Qualifications 236
Managing Multiple Roles 238
Effective Money Management 239
Summary 242
Vocabulary 242
Review 243
Critical Thinking 244

References 245

Index 247

Preface

The *Advanced Child Development* reference book is designed to educate students on many aspects of parenting, child care, and child development. The book covers several specific areas, beginning with an overview of the responsibilities of parenting and the impact of children on parents' lives. The reference book continues to discuss prenatal development, the birth of the infant, and care of the mother and infant after birth. Concepts regarding health, child development and guidance, and the impact of society on children also are included. The problem of child abuse is presented with additional information pertaining to care and guidance of special children as well as resources available for children. The reference book closes with discussion regarding careers for people interested in child development.

The reference book contains information based on the Essential Elements prescribed by the State Board of Education in the Texas Administrative Codes for Vocational Home Economics. The reference book consists of thirteen chapters that may be used as needed. They do not need to be studied in the order they appear. Each chapter begins with the Essential Element(s) and Objectives to achieve. Within the text, vocabulary terms are italicized and boldfaced with definitions or explanations. Tables and figures are included to aid understanding. The content of each chapter is summarized in the Summary section and vocabulary words are repeated in the Vocabulary section at the end of each chapter. A Review section and a Critical Thinking section also have been included to reinforce the basic content presented, aid in factual recall, and facilitate critical thinking skills. An index of main topics, terms, and concepts is provided to facilitate use of the reference book.

The Essential Elements found in the reference book are the same as those used in the curriculum guide for this course. Therefore, the reference book is designed to be used in conjunction with much of the material in the curriculum guide. The curriculum guide contains various types of teaching strategies including reading, lecture, discussion, audiovisual, and individual and group activities. Teaching aids located at the back of the curriculum guide include handout and transparency masters for the teacher's use.

Students should be encouraged to study various child development topics more intensively using a variety of references. Students also should be urged to apply their child development knowledge in laboratory experiences, on the job, and in other areas of their daily lives.

TAC 75.83
Advanced Child Development

(e) Advanced child development (1/2 unit) shall be a laboratory-oriented course and shall include the following essential elements:

(1) Concepts and skills related to parenthood. The student shall be provided opportunities to:

(A) describe responsibilities of parenting;
(B) summarize the financial impact of children on the family;
(C) discuss social, emotional, intellectual, and physical factors related to parenting; and
(D) describe responsible behavior in prevention and control of disease.

(2) Concepts and skills related to prenatal and postnatal care. The student shall be provided opportunities to:

(A) describe the stages of prenatal and neonatal development;
(B) outline the impact of genetics, environment, and mother's health on prenatal development;
(C) identify neonatal care essential to the well-being of the child; and
(D) describe postnatal care essential to the well-being of the mother.

(3) Concepts and skills related to the development of children. The student shall be provided opportunities to:

(A) explain various theories and principles of growth and development;
(B) describe the interrelationships of the social, emotional, intellectual, physical, and moral development of the child;
(C) point out the practices which foster healthy social, emotional, intellectual, physical, and moral development;
(D) identify developmentally appropriate sex-related information for children of different ages;
(E) analyze the influence of role modeling on children; and
(F) point out the impact of parenting/caregiver practices on a child's self-esteem.

(4) Concepts and skills related to selection and use of appropriate child guidance techniques. The student shall be provided opportunities to:

(A) describe guidance methods and factors influencing their effectiveness; and
(B) assess society's role in protecting the rights of children.

(5) Concepts related to the social implications on the development of the child. The student shall be provided opportunities to:

(A) discuss the effects of parent/guardian employment on the well-being of the child;
(B) identify local, state, and national resources related to children; and
(C) discuss societal trends impacting children.

(6) Concepts and skills related to special needs. The student shall be provided opportunities to:

(A) describe methods for identifying children with special needs;
(B) evaluate methods for challenging gifted and talented children;
(C) summarize ways to care for and guide children with handicaps; and
(D) summarize forms, causes, effects, prevention, and treatment of child abuse.

Guide to Essential Elements

Advanced Child Development
(TAC 75.83)

Advanced child development (1/2 unit) shall be a laboratory-oriented course and shall include the following essential elements:

Required Essential Elements	Related Chapters
(e1A) Describe responsibilities of parenting.	1
(e1B) Summarize the financial impact of children on the family.	1
(e1C) Discuss social, emotional, intellectual, and physical factors related to parenting.	1
(e1D) Describe responsible behavior in prevention and control of disease.	6
(e2A) Describe the stages of prenatal and neonatal development.	2
(e2B) Outline the impact of genetics, environment, and mother's health on prenatal development.	3
(e2C) Identify neonatal care essential to the well-being of the child.	4
(e2D) Describe postnatal care essential to the well-being of the mother.	5
(e3A) Explain various theories and principles of growth and development.	7
(e3B) Describe the interrelationship of the social, emotional, intellectual, physical, and moral development of the child.	7
(e3C) Point out the practices which foster healthy social, emotional, intellectual, physical, and moral development.	7
(e3D) Identify developmentally appropriate sex-related information for children of different ages.	8
(e3E) Analyze the influence of role modeling on children.	8
(e3F) Point out the impact of parenting/caregiver practices on a child's self-esteem.	8
(e4A) Describe guidance methods and factors influencing their effectiveness.	8
(e4B) Assess society's role in protecting the rights of children.	11
(e5A) Discuss the effects of parent/guardian employment on the well-being of the child.	9
(e5B) Identify local, state, and national resources related to children.	11
(e5C) Discuss societal trends impacting children.	9
(e6A) Describe methods for identifying children with special needs.	12
(e6B) Evaluate methods for challenging gifted and talented children.	12
(e6C) Summarize ways to care for and guide children with handicaps.	12
(e6D) Summarize forms, causes, effects, prevention, and treatment of child abuse.	10

1

Parenting

ESSENTIAL ELEMENTS

- Describe responsibilities of parenting.(e1A)
- Summarize the financial impact of children on the family.(e1B)
- Discuss social, emotional, intellectual, and physical factors related to parenting.(e1C)

OBJECTIVES

- Analyze the issues to consider when deciding whether or not to become a parent.
- Investigate the responsibilities of parenting.
- Assess the financial responsibilities of parenting.
- Determine characteristics of a competent parent.
- Explain why parenting requires a long-term commitment.
- Evaluate lifestyle changes related to parenthood.
- Discuss pregnancy-related changes in relationships.
- Summarize the psychological impact of pregnancy on the parents.
- Analyze intellectual demands placed on parents.
- Explain the physical demands of parenting.

Parenting is an option in United States society. The term ***parenting*** is used to refer to the various roles of parents. It suggests that the roles of mother and father may not be as different as some people might think. Parents are not just present in the home. Research indicates that parents today are taking a more active role in parenting. Parents are more involved with their children's daily activities than they have been. During children's early years, parents are involved in numerous activities to help promote the development of good social skills. As a result, healthy parent-child relationships are formed.

DECIDING WHETHER OR NOT TO BECOME A PARENT

When the decision is made to become a parent, some people may have conflicting feelings about their choice. Many couples are willing and excited to take on the new responsibilities of parenthood. However, others may feel parenting is a burden or an expectation of society. Despite the reasons for deciding to become a parent, new and challenging responsibilities come with the decision.

Before a couple decides whether or not to become parents, they may find it helpful and reassuring to evaluate their relationship. Each spouse should understand the likes, dislikes, personality, and habits of the other. Many couples find it helpful to consult with health care professionals to discuss genetic backgrounds, health practices, and testing procedures. Couples should discuss honestly the thoughts, ideas, and plans they have about the future lives of each family member. These discussions can help a couple form the goals, expectations, and challenges of their future family.

Parenting requires time and patience. Preparing nutritious meals, caring for clothing, participating in relationship-building activities, providing medical attention when needed, supplying educational opportunities, and making time for specific needs are all responsibilities of parents. Those who provide appropriate opportunities for their children and exhibit responsible behavior are considered competent parents.

At some point in their lives, most individuals will decide whether or not to become a parent. It is a difficult decision that should be

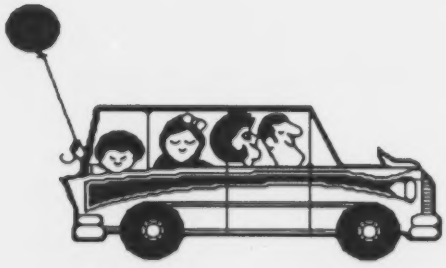
During the colonial days in America, children were still thought of as being small versions of adults. They were fed, dressed, and cared for much as adults were. Children's clothes looked like the clothes adults wore, only smaller. These ideas about children did not change much until the 1800s. Today, we realize that children are very special people with special needs different from those of adults.

given careful consideration. Figure 1.1 identifies some questions males and females should consider about becoming parents.

PARENTING RESPONSIBILITIES

A ***responsibility*** is a condition for which a person assumes the duties, obligations, and accountability for something. The responsibilities of parenting are endless. Some important responsibilities that affect the health and happiness of parents and children include the following:

- child guidance
- legal and moral responsibilities
- financial responsibilities
- health and safety responsibilities
- social and emotional development
- cognitive development



Child Guidance

All children need guidance. ***Guidance*** includes all of an adult's actions and words that are used to influence a child's behavior.

Children need guidance for a variety of reasons. Some of these reasons include the following:

- to teach children what actions are acceptable and what actions are not
- to teach children how to interact with others
- to promote children's healthy attitudes about themselves
- to establish a positive self-concept and high self-esteem
- to ensure children's safety
- to encourage self-discipline
- to teach children self-control

The guidance parents use should be appropriate for the child. It should be appropriate for the child's age and abilities and for the situation. Child guidance methods are discussed in detail in chapter 8.

Legal and Moral Responsibilities

Legal responsibilities of parenting include those things that are required because of a law. One example of a legal responsibility is protecting children by placing them in appropriate seat restraints while traveling in a motor vehicle. Divorced parents have a legal responsibility to provide economic security for their children by making child support payments. A parent who does not provide this care can be forced by the state to make the required child support payments.

Should I Become a Parent?

What are my plans for the future?

- career?
- marriage?
- education?
- retirement?
- have children?
- travel?
- grandchildren?
- other?

Why do I want to have a baby?

Good reasons for having a baby include the following:

- I/We are committed to beginning a family.
- I/We have many wonderful thoughts, ideas, and possessions to share with a child.
- I/We want to provide a beginning for a new life.

Poor reasons for having a baby include the following:

- I/We want a baby because babies are cute.
- I/We want a baby because it is expected of me/us.
- I/We want a baby to carry on the family name.
- I/We want a baby because my/our friends are having babies.
- I/We want a baby to provide me/us with love.
- I/We want a baby to keep the relationship going.
- I/We want a baby to escape the pressures of everyday life.

What do I expect of a baby?

Some parents expect many things from their babies. These expectations may be reasonable or unreasonable.

Reasonable Expectations

- A child will respond with love and affection to parents who are caring and supportive.
- A child will contribute to the family through household responsibilities, sharing, and affection when good role modeling is exhibited by parent.

Unreasonable Expectations

- A child will provide companionship.
- A child will be a mirror image of parents.
- A child will provide a quick fix for a ruined marriage.
- A baby will be cute and cuddly.
- A child will provide security in old age.

Am I ready for the responsibilities?

Personal freedoms, an active social life, and privacy are some of the first things sacrificed when a baby is born. A baby also may detain career and educational goals. Some responsibilities of rearing a child include providing proper nutrition; making decisions about discipline; teaching morals and values; paying for medical bills, clothing, and food; and spending time with the child.

What can I give a baby?

A baby needs the following:

- educational opportunities
- unconditional love
- proper nourishment
- responsiveness
- emotional support
- economic security
- shelter

Figure 1.1

Texas has a unique law to help with paternity cases. ***Paternity*** is the role of the father. The Texas Attorney General's office sponsors a program that is designed to help educate adolescents about the expectations of the law as it applies to parental responsibilities. ***Paternity/ Parenthood Project Plan (PAPA)*** strives to counteract any romantic or idealized notions of early parenthood by increasing awareness of the laws as they relate to parental responsibilities.

Moral responsibility involves rearing children to be responsible and contributing members of society. A child's ***moral development*** involves his or her respect of others, understanding of rules, and ability to make good value decisions about what is right and what is wrong. The development of morals and a conscience relates closely to social, emotional, and cognitive development.

Financial Responsibilities

Financial and career stability should be considered before deciding to have children. Children are expensive. Just as one must assess his or her financial condition before purchasing a car or home, individuals must seriously evaluate their ability to financially support a dependent child. The expense begins with the first pregnancy test or visit to the physician and does not end until the child is able to live and support himself or herself independently.

The United States Department of Agriculture (USDA) estimates the cost of rearing a child to age eighteen in the 1990s to be more than $135,000. This figure assumes an annual inflation rate of 8 percent. It does not include prenatal and birthing costs or any education beyond high school. Also not included is the indirect cost of loss of income if one parent stays home with the child rather than return to work. For example, if a parent leaves a job that pays $25,000 a year for five years (until the child is in school), the indirect cost is $125,000.

Prenatal Expenses. Prenatal expenses include prenatal care, proper nutrition and vitamins, and maternity clothing. ***Prenatal care*** is medical attention for the pregnant woman and the fetus. The exact cost of physician visits varies depending on the physician and the geographic region, but the figure is substantial regardless. Most physicians charge one lump sum that covers all of the prenatal visits, the delivery, and the postnatal examination. To determine costs typical for a region, a person could call several physicians' offices and ask for an estimate. Often not included in the physician's charges are laboratory fees for blood and urine tests or special tests that may be required to determine the health of the fetus, such as an ultrasound or amniocentesis.

There is no reason to delay medical care in order to save money. Whether the first examination is in the first month or the final month of pregnancy, the physician's total charge for prenatal care is the same. Prenatal care can save money by preventing problems or by treating them as they arise. Conditions left untreated may cause more serious problems that drain the family both financially and emotionally.

A nutritious diet is essential during pregnancy. Women need proper nutrition to support the baby's growth and to maintain their health. Foods that contain many nutrients, such as

those high in protein, calcium, and iron, often are more expensive than other foods. Following a grocery budget and using coupons helps reduce costs. Most physicians also prescribe prenatal vitamins, which are another expense. Generally, vitamins promote good health, help protect against infection and disease, regulate body processes, and supplement vitamins and minerals not provided by the diet.

During the fourth or fifth month, maternity clothes are necessary. This expense can vary greatly, depending upon the woman's needs and resources. Those who must wear dress clothes daily may find this expense great, but women who work at home have more flexibility. For example, a woman may wear her husband's larger shirts and only purchase two or three pairs of expandable pants. To limit expense, women can purchase maternity dresses and casual clothing at discount stores, resale shops, or garage sales, or clothes may be borrowed from friends or relatives. All clothing and underwear must allow for good circulation and expansion. Low-heeled shoes should be worn to prevent slipping and to provide support.

Childbirth Expenses. Most women choose to give birth in a hospital. The hospital fees are not included in the large sum paid to the physician. Hospital fees are determined based on the type of room and whether or not it is shared. Hospitals charge extra for the use of the labor room, the delivery room, the nursery, and the numerous laboratory tests, medicines, and supplies. If an anesthesia (drug that causes loss of sensation or loss of consciousness for surgery) is used, the anesthesiologist may charge a flat fee for the services in addition to the cost of the medications. If a woman requires a caesarean section, which is a surgical procedure, the cost of delivery increases.

Because of the expenses of having a baby, the need for a quality health insurance plan becomes evident. A good plan covers the infant's expenses and the mother's prenatal, childbirth, and postnatal care. If the baby is born prematurely or with health problems, the hospital stay could extend for weeks or even months. The expense of round-the-clock monitors and special equipment is astronomical. Before purchasing a health care plan, it is wise to learn exactly what the policy covers and to assume nothing.

Infancy Expenses. When parents bring their baby home from the hospital, proper clothing and supplies are required to care for the infant. A collection of baby clothing and equipment is called a ***layette***. Included in the layette is the clothing, feeding equipment, bedding and bathing supplies, travel equipment, nursery supplies and furniture, and other miscellaneous items.

The expense of the layette can be decreased by buying good used furniture, equipment, or clothing in a garage sale or from a consignment store. Borrowing items from friends or family is another alternative. Since babies grow so quickly, borrowing is a good way to get more wear out of baby clothes. Also, parents typically receive some of these items as gifts.

Childhood Expenses. As indicated, the USDA estimated the cost of rearing a child to age eighteen in the nineties to be more than $135,000. This figure includes the costs of housing, food at and away from home, transportation, clothing, medical care, education through grade twelve, and other miscellaneous expenses.

Adequate child care is expensive. In many families, it is the fourth largest budget item after food, housing, and taxes. Research has indicated that dual-earner families spend approximately 10 percent of their income on child care while a single-parent family may spend up to one-third of income on child care.

Financial Planning. Considering the costs of having children may seem inappropriate or selfish. But making certain that the resources are available to feed, clothe, shelter, educate, and provide medical care for a child is not only appropriate but responsible and essential. There is not an exact amount of money that is needed to rear a happy and healthy child. Factors other than financial resources have great influence. Yet with a considerable lack of money, the challenge of rearing a healthy child is much greater. The decision to have children should be an informed decision based on careful financial planning.

Responsible parents not only have to carefully manage their money daily, but they also must plan for large or unexpected expenses. These expenses might include illnesses, accidents, or higher education. Responsible parents also make long-term plans that include options such as savings accounts, savings bonds, and life insurance policies. Chapter 13 provides more information on effective money management.

Health and Safety Responsibilities

Every child must have basic needs met to ensure healthy development. A ***need*** is a condition in which something is required for physical or mental well-being. Food, water, clothing, and shelter are examples of basic needs.

Parents want their children to be safe and protected. Safety begins with medical checkups, inoculations, and safe physical and emotional surroundings. To provide and maintain a safe environment, parents should be aware of safety practices to implement and to teach.

Social and Emotional Development

Children need affection. The affection of parents and other family members is important for the social and emotional development of children. The nurturing provided by a parent plays an important role in the development of a positive self-esteem and in the development of a child's relationships. For a young child, these relationships might include positive interactions with other children through play. As a teenager, positive and healthy interactions might be exhibited through dating. Regardless of age, all

children need to know that they are loved and accepted by their parents and family members.

A child's self-concept is developed primarily as a result of interaction with the family. ***Self-concept*** is how a person sees his or her own identity, abilities, and worth. Children are born not knowing who they are. As they grow, they learn about who they are by what they can do and what they are told about themselves by the people around them. Self-image and self-concept are molded by the attitudes reflected in the faces, voices, and words of those who are important to them.

For example, children whose parents tell them they are very special and continually participate in positive relationship-building activities develop positive self-concepts and are emotionally healthy. Children whose parents tell them repeatedly through words and body language they are worthless and horrible develop negative self-concepts and are emotionally unhealthy. Once a child has developed a negative self-image, it takes time and effort to create a positive self-image.

Cognitive Development

Cognitive development is how children gain the ability to think and know about things. Some of this mental development is gained through learning. Intelligence and mental ability can be defined in many ways. Many people involved in academics agree that intelligence is the combination of a person's capacities or abilities. Children are born with a mental potential. It is the family, however, that helps to ensure that the child makes the most of his or her potential. The family influences how a child's mind develops through what they teach the child and how they support the child.

The family environment should provide opportunities for children to exercise thinking skills. Stacking brightly colored blocks is an excellent way for toddlers to identify height and color patterns. Preschoolers enjoy playing with toys that are moved with the hands, such as puzzles, and with recognition games. A child who is involved in learning activities at an early age may find it easier to learn in school. However, too much pressure from parents to do well can frustrate children and turn them off to learning.

COMPETENT PARENTING

"If only someone had told me what parenting was really like!" This is a comment made frequently by new parents. The demands of parenting are great. Parents must make daily decisions about home and work responsibilities, relationships, and moral education. The parents' social and emotional maturity are important in the process used to make decisions about these issues. Some aspects of parenting are lifelong processes.

Social and Emotional Maturity

Parenting requires social and emotional maturity. ***Social maturity*** is a person's ability to relate to other people. ***Emotional maturity*** is a person's ability to express feelings such as love, trust, frustration, aggression, anger, and fear in ways that are appropriate. A person must be certain he or she has considerable maturity in these areas before deciding to become a parent.

There is no specific age at which all people are ready to become parents. Each person's maturity and readiness is different. An individual should be mature socially and emotionally before taking on the enormous responsibilities of parenting. For example, some

pregnant women consume alcohol and use illegal drugs. A socially mature woman would be aware of the severe danger and damage that could occur to the embryo or fetus. A socially and emotionally mature person would be able to accept the responsibilities for the health and development of a child.

Physical Readiness

Physical readiness is the state at which a person's body is prepared to produce offspring. A female is able to conceive after the menstrual cycle has begun. Approximately one-third of the females in the United States reach this point by age twelve. Many males are able to produce offspring by age fourteen.

The infants of women who are pregnant between the ages of twenty-one and thirty-five have the lowest risks of birth defects. Pregnancy before or after these years increases the risks to the infant's development. One important way an adolescent mother can help avoid or reduce these risks is to be certain she sees a physician throughout her pregnancy and to follow the physician's advice. Figure 1.2 identifies some of the physical risks to babies born to adolescents.

Achieving Competency

Parents are not perfect. Couples can achieve a high level of competency in the role of parenting by doing the following:

- planning and preparing for having a child
- having some experience in child rearing
- having clear expectations of the roles of a parent
- having reasonable expectations for what a child can do at different ages
- looking forward to loving and caring times with children
- being aware that sacrifices must be made
- having the ability to give unconditional love
- practicing firm yet fair discipline
- encouraging development by challenging children
- introducing children to new and exciting experiences

Risks to Babies of Adolescent Mothers

Risks to babies born to adolescent mothers include the following:

- low birth weight
- greater chance of developmental disabilities
- lower intelligence quotients (IQ)
- greater chance of mental disabilities
- greater chance of behavioral problems

Risks may be due to the following:

- poor prenatal nutrition
- lack of prenatal medical care
- no understanding of the risks to the embryo/fetus when involved in risky or illegal behavior such as use of drugs, alcohol, and cigarettes

Figure 1.2

- encouraging children to set goals
- advocating independence
- having the ability to commit to a lifetime of love for a child

COMMITTING TO PARENTING

Parenting is an exciting and challenging experience. Individuals must commit to the role of parenting. When two individuals make a commitment to having a positive parenting experience, they also make a commitment to each other. A commitment to positive parenting might include the following:

- having open and honest communication
- sharing responsibilities in child rearing
- sharing responsibilities in domestic chores
- developing a firm yet fair approach to guidance
- providing a strong foundation of moral beliefs
- providing a safe and secure environment

Parenting is a difficult role with many responsibilities. For this reason, parents should use resources that are available to aid in the complex decisions they must make in their roles as parents.

Not everyone should be a parent. Parenting requires special aptitudes and competencies that all individuals do not have or want. Parenting can be a rewarding experience and a positive lifelong experience.

Parenthood can bring about many changes in a family. The first pregnancy for a couple is especially a time of great transition. During pregnancy, the couple experiences new feelings, roles, and responsibilities. These changes can be overwhelming for expectant parents and can lead to many adjustments in everyday lives. Expectant parents must prepare thoroughly in order to be ready for the addition to the family.

SOCIAL ADJUSTMENTS

With the added responsibility of a child, many parents must adjust socially. Social adjustments may include lifestyle changes as well as changes in relationships.

Lifestyle

Depending on the family structure, different changes in lifestyle must be made when the family grows. ***Lifestyle*** is a consistent way of life as expressed by attitudes, expressions, and actions. Lifestyle must accommodate the new infant.

Lifestyle also must be changed in regard to careers and child care. One of the parents may choose to stay home with the infant and not continue to work outside the home. If both parents worked before the infant was born, the change to a single-worker family can mean a change in lifestyle as well as an adjustment to the decreased income. If both parents plan to work after the infant is born, affordable and adequate child care must be found for the infant.

Once a couple has a child, social activities may diminish while familial activities increase. A couple may choose to stay home with their child at times when they might have socialized with friends before they became parents. The couple also must consider the additional child care expenses.

Relationships with Others

Relationships between the expectant parents and their relatives become more involved. Relatives may give gifts, offer advice, and give financial assistance to the expectant couple. In-laws now become aunts, uncles, and grandparents. These new roles usually make them more involved than they were when they were only in-laws. Sometimes these relatives may intrude more than the expectant parents would like.

During pregnancy, the expectant mother may become more involved in maternal roles and activities. She may relate more to her mother and other women who have children. She is often given baby showers, which are usually all-female events, and she shops for all the things she and the infant will need.

An expectant father may become more involved in paternal roles and activities. He may begin to relate closely to his father and other males who have children. His relationship with his own father may change and more time may be spent together discussing fatherhood.

PSYCHOLOGICAL ADJUSTMENTS

Pregnancy encompasses many psychological adjustments. Having a child can be one of the biggest changes in a person's life. During the months before the baby is born and even after the arrival of the baby, the parents suffer stress due to the many things that need to be done to prepare for the baby. Aside from preparing for the baby's arrival, parents also must consider their relationship and factors that affect their feelings about the pregnancy.

Redefining Roles

Pregnancy can be a time when a couple grows closer and shares feelings more than they did before the pregnancy. The expectant parents work together to plan for the infant's arrival, discuss fears and expectations of parenthood, and think of the infant as a person before the birth. Expectant parents usually feel a mutual sense of achievement over becoming parents. The intimacy between a husband and wife expands to include the expected baby.

When expecting a baby, a couple usually encounters problems due to the psychological adjustments that have to be made to prepare for the baby. Not only do the parents need to maintain their husband-wife relationship, they also must fulfill their roles as parents. Preparing for the baby's arrival can add stress to the relationship.

Stress in the relationship can come from many different sources. Some of the factors that cause stress during pregnancy include the following:

- periods of depression caused by hormonal changes in the mother
- intense emotionality of the mother
- wife's focus on herself
- change in physical appearance of the mother
- financial anxiety over the added expense of a child

Expectant parents may rely on their support systems to help them get through this difficult period. A ***support system*** is a network of similar or related people that offers approval, acceptance, and assistance. A couple can have

more than one support system. A support system can include family members, friends, people from organizations and groups, or a combination of these people. Knowing that people are available to provide support is a comfort for expectant parents.

Having a child is a major event that affects the rest of the parents' lives. Accompanying this event are new activities and responsibilities, which are referred to as developmental tasks. ***Developmental tasks*** are the activities and responsibilities that arise at a certain period in one's life, such as the period when a new member is added to the family. Developmental tasks are considered psychological adjustments because the parents must mentally accept the new responsibilities and accept the changes that are taking place.

During pregnancy, couples are brought closer together while also being pushed apart by the changing roles they must accommodate. ***Complementary developmental tasks*** are the activities and growth responsibilities that are similar for both parents. These tasks draw couples together as they experience similar feelings and accomplishments. Figure 1.3 lists some complementary developmental tasks.

Conflicting developmental tasks are activities and growth responsibilities that are different for the mother and father. These tasks pull the parents in opposite directions and cause strain on the relationship. Figure 1.4 lists some conflicting developmental tasks.

Factors Affecting Feelings about the Pregnancy

Even if a pregnancy is well planned and thoroughly considered, a couple must mentally adjust when the pregnancy becomes a reality. Many factors can cause a pregnancy to be stressful. Some of these factors include the following:

- age of the parents
- size of the existing family
- health of the parents, especially the mother
- special needs of other family members
- careers of the parents

Age of the Parents. When parents are younger or older than most couples expecting

Complementary Developmental Tasks

- Both parents identify with new roles as parents.
- Both parents learn about how to properly care for the infant.
- Both parents conform to healthier routines such as eating more nutritious meals, getting enough rest, and enjoying more recreational activities.
- Both parents encourage and provide opportunities for the full development of their child.
- Both parents strive to maintain a satisfying relationship with each other.
- Both parents try to maintain personal interests while obtaining fulfillment from parenthood.
- Both parents emphasize becoming a family by participating in activities that the entire family can enjoy.

Figure 1.3

Conflicting Developmental Tasks

- The father feels pressures of fatherhood such as becoming the main provider for his wife and the infant, accepting a share of the responsibility for child care, and representing the family in the community.
- The father becomes involved in more male activities and relationships, and this can cause the mother to feel neglected.
- The mother must share the responsibilities of parenthood with her husband by including him in all aspects of child rearing to make him feel that his opinions are appreciated and respected.
- The mother must consider the child "ours" rather than "mine."
- The mother may need to supplement the family income when the time is appropriate.
- The mother becomes involved in more female activities and relationships, and this can cause the father to feel neglected.

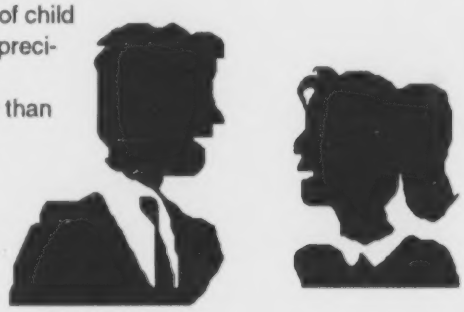


Figure 1.4

children, concern is sure to arise. The most successful pregnancies occur in women between the ages of twenty-one and thirty-five.

If pregnancy occurs before the female has reached adulthood, health matters become even more important. Since the mother has not finished developing, her body will compete with the baby for needed nutrients. This could cause the baby or the mother to be undernourished during the pregnancy. ***Undernourished*** means that a person is deprived of the sufficient nourishment needed for health and growth. Babies born to adolescent mothers also tend to have low birth weight. This is the greatest factor associated with birth defects.

Adolescent pregnancy also can cause great mental strain. Often, adolescent parents are not prepared for the demands of parenthood. Young parents are often not mature enough to handle the responsibilities of having a child. Adolescents are in many ways still children themselves who need to mature and become independent before taking on the responsibilities of parenthood.

Adolescents often have extremely active social lives. When an adolescent has the added responsibility of an infant, social activities may diminish significantly. This can be harmful to the adolescent's social development since social contacts are not as frequent.

Health problems also can arise for a mother who is older than normal. Once a woman is past her mid-30s, there is a greater risk to the developing baby. Down's syndrome, miscarriage, maternal death, and stillbirth occur more frequently.

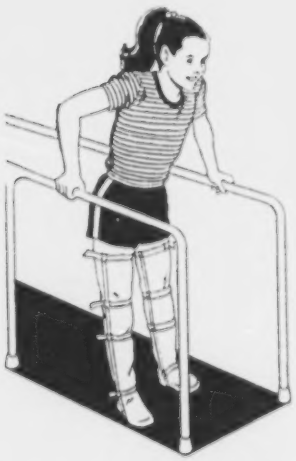
When parents feel that they are older than most couples having children, concern arises that they might be too old to fully participate in their children's lives. Parents worry that they will be too old to enjoy activities with their children that younger parents participate in. Older parents also worry that they will die

while their children are still young. Refer to chapter 2 and chapter 3 for more information regarding prenatal development and health.

Size of Existing Family. If parents already have children, they may not want to have a larger family. The arrival of a baby can cause concern about the impact of the baby on the other children and the ability of the family to afford another child.

Health of the Parents. Aside from the health matters of adolescent or older mothers, the health of parents of child-bearing age is still important. If the mother is unhealthy or suffers from certain health problems such as high blood pressure or heart trouble, pregnancy can be very dangerous for her and the baby. A family history of hereditary conditions on the father's or mother's side of the family can cause the parents to fear for the unborn baby. If the mother or father carries the gene for an inheritable condition, it could be passed on to the baby. Any abnormal health conditions should be brought to the attention of the physician caring for the expectant mother in order to provide the best possible care for the mother and the fetus.

Special Needs of Other Family Members. Families may feel that another child will be extra work when existing family members need special care and attention. Parents may feel that the infant or the existing family members will suffer from the situation and not receive adequate care and attention. An example of this situation could be a family with a child who has a physical or mental handicap which requires special attention and care. If an infant is added to the family, more time must be spent caring for the children. Parents may feel they cannot rely on the special needs child to become more independent or to help with the new infant because of the handicap.



Careers of the Parents. Many individuals are career-oriented and achieve great satisfaction from professional life. Having a child often pressures parents to postpone their careers until the child is several years old or is in school. Many parents feel that they need to work in order to feel complete and satisfied with their lives. Feeling the need to stay home with a child while also needing to work for personal fulfillment can cause a great dilemma for parents. The decision to stay home or return to work soon after the birth of the infant is one that should be discussed by both parents and considered thoroughly. This decision could have a great effect on the entire family.

INTELLECTUAL DEMANDS

Before the baby's arrival, parents need to know what to expect when the baby comes home. They also need to have some knowledge about how the baby will behave and how to care for the baby.

Training for Parenthood

Individuals need to gain knowledge about parenting so they can do a good job when taking on the responsibility of having a child. People can obtain the knowledge and training necessary for parenthood in many ways. Some of the resources for parenting information include the following:

- courses offered in public schools
- courses offered in hospitals or clinics
- community training programs
- television programs
- reading materials

Public Schools. Public schools offer courses that provide information on parenting. These courses are beneficial for students who may not receive this information anywhere else before becoming parents. Some of these courses focus entirely on parenting and child development while others contain a chapter or unit on parenting in addition to other information. These courses include the following:

- Parenting and Child Development
- Advanced Child Development
- Comprehensive Home Economics
- Individual and Family Life
- Family and Individual Health
- Food Science and Nutrition
- Advanced Food Science and Nutrition

Hospitals and Clinics. Many couples choose to attend childbirth preparation classes. While these classes help prepare the couple for the actual birth of the baby, they also provide information on newborn care, infant care, proper feeding, and child care outside the home. Many couples, especially first-time parents, do not know the proper techniques to use to care for the baby. These classes are frequently taught by the hospital where the baby will be delivered.

Some hospitals also offer parent educators who work with the parents individually before parents take a newborn home. For experienced parents, refresher courses are offered to bring up-to-date information to parents and to refresh their memories of past knowledge. Hospitals and clinics also might offer parenting classes on specific topics such as multiple births or having children with handicaps.

Infant CPR is taught in some of these courses or as a course by itself. CPR stands for cardiopulmonary resuscitation. ***Cardiopulmonary resuscitation*** is a technique involving the heart and lungs that is used when breathing stops. Administering CPR can restore breathing and restart the heart if heart failure accompanies the loss of breathing. This valuable technique should be learned by all parents in case an emergency arises where professional help is not immediately available.

Community Training Programs. Parenting programs are available in many communities. These programs can be offered by churches, nonprofit organizations, and private industries. Programs can range from new parenting programs to parenting programs for parents of teenagers. Parents usually can find a community training program to fit their specific needs.

Television Programs. Many helpful parenting programs appear on television. Daily or weekly programs containing a variety of information may occasionally have a segment or series on parenting and child development. Videotapes also can be purchased or rented that demonstrate parenting techniques, discuss child development, and teach parenting concepts.

> The best way to make children is to make them happy.
>
> —Oscar Wilde
> 1854-1900

Reading Materials. An abundance of reading materials is available for parents. Books are probably the most used sources of information on parenting. Parenting books can be checked out at the library, bought at bookstores, and received as gifts. Parents can usually find the information they need in these sources. Books are practical sources because they help parents solve problems and teach parents how to perform parenting tasks without having to rely on other people for this information.

PHYSICAL DEMANDS

Infants are not only intellectually demanding but also physically demanding. They demand a great deal of parents' and caregivers' time and energy. Infants, although small, also require a considerable amount of space.

Time and Energy

Parenthood places an enormous demand on parents' physical energy. Daily schedules usually have to be changed in order to meet the demands of the infant. A significant amount of time should be spent nurturing the infant. Parents not only have to be concerned about providing meals for themselves, but they also have to make sure their infant has nutritious meals. Parents' sleep schedules are interrupted by the infant's sleep schedule. When the infant awakes in the middle of the night, one or both of the parents awake in order to tend to the infant's needs. Household chores such as laundry increase with the arrival of the infant. Parents have to use their time to bathe the infant, change the infant's diapers, feed the infant, clothe the infant, and attend to special needs such as an illness.

Space

Not only does parenting demand time, it also demands space. When an infant is brought home from the hospital, he or she needs a bedroom, a crib, a place for clothes and toys, and a place for supplies essential to the infant's care. These needs require extra space that might not be readily available. Parents have to adjust their use of space in order to have room for the infant.

Summary

- Responsibilities of a parent include preparing nutritious meals, providing financial support, caring for clothing, participating in relationship-building activities, providing medical attention when needed, and making time for specific needs.
- Children are expensive. Before deciding to become a parent, individuals should evaluate their ability to financially support a dependent child.
- Individuals should be socially and emotionally mature enough to handle the responsibilities of being a parent before making a decision to become a parent.
- Infants born to women who are between the ages of twenty-one and thirty-five have the lowest risks of birth defects.
- Pregnant adolescents must be sure they get adequate medical care and nutrition to reduce their health risks and the risks to their babies.
- Responsible parents not only have to carefully manage their money daily, but they also must plan for large or unexpected expenses.
- When a couple makes a commitment to a positive parenting experience, they also are making a commitment to each other.
- Not everyone should be a parent. Parenting requires special aptitudes and competencies that all individuals do not have or want.
- The lifestyle of a family must change to meet the demands of a new infant.
- Relationships with in-laws change as they become aunts, uncles, and grandparents.
- Many psychological adjustments must be made when expecting a baby. These include redefining roles, learning to adjust to added responsibility, and dealing with stressful factors.
- A support system is a network of people that offers approval, acceptance, and assistance.
- Developmental tasks are the activities and responsibilities that arise at a certain period in one's life.
- Complementary developmental tasks are the activities and growth responsibilities that are similar for both parents. These tasks can bring the couple closer together.

- ❑ Conflicting developmental tasks are activities and growth responsibilities that are different for the mother and father. These tasks can create strain in the parents' relationship.
- ❑ Parents can have mixed feelings about a pregnancy depending on the age of the parents, size of the existing family, health of the parents, special needs of other family members, and the careers of the parents.
- ❑ Individuals should gain knowledge about parenting before they take on the responsibility of having a child.
- ❑ Parenting places great demands on parents' time, energy, and space.

Vocabulary

cardiopulmonary resuscitation (CPR)
cognitive development
complementary developmental tasks
conflicting developmental tasks
developmental tasks
emotional maturity
guidance
layette
lifestyle
moral development
need
parenting
paternity
Paternity/Parenthood Project Plan (PAPA)
physical readiness
prenatal care
responsibility
self-concept
social maturity
support system
undernourished

Review

1. What are some of the good and poor reasons for having children? for not having children?
2. Explain the importance of social and emotional maturity for parenting.
3. Why should economic security and career stability be considered before making a decision to become a parent?
4. What are some qualities of a competent parent?
5. What are some of the legal responsibilities of parents?

6. What basic needs are essential for healthy development? Explain what could occur if basic needs are not met.

7. How does pregnancy affect a couple's lifestyle?

8. In what ways do relationships with other people change when a couple is expecting a baby?

9. How do the roles of the female change when she is becoming a mother?

10. How do the roles of the male change when he is becoming a father?

11. Explain how the parents' changing roles affect their relationship with each other.

12. Explain factors that affect parents' feelings about the pregnancy.

13. What problems can arise when an adolescent is pregnant?

14. What problems do older parents face?

15. What kinds of instruction are available for expectant parents?

16. List activities that require physical energy and time when caring for an infant.

17. What demands does an infant place on physical space?

Critical Thinking

Recent research indicates that men are taking more active roles in parenting. What are some of the challenges of men in parenting roles?

Investigate how society influences parenting roles and responsibilities. Give specific examples in relation to the media, religion, education, families, and friends. Select one of the examples and explain why it has an effect on parenting roles and responsibilities.

Consider your plans for the next ten years. How would having a child affect these plans? Do you plan to have children within this time frame or afterward? If so, what has influenced this decision? If you do not plan to have children, what has influenced this decision?

Interview a couple who has recently had a baby. Ask them how the pregnancy affected their lives and what changes had to be made to prepare for the infant.

Include information on family involvement, relationships with others, and physical adjustments.

Call three obstetricians (medical doctors who specialize in labor and delivery) and find out what each charges for prenatal care and labor and delivery. Average the charges of the three. Call three hospitals in your area and find out what each charges for the hospital, labor, delivery, and recovery rooms for a pregnancy with no problems. Average the charges of the three. Add the two averages to get an estimate of what it would cost to have a baby in your geographical area. Remember that this estimate only includes costs up to the time that the baby leaves the hospital. Is the price more or less than you thought it would be? How do you think these prices might change in the future? Why?

List twenty items that are needed in an infant's layette. Visit two or more discount or department stores and record the prices of each item. For each store you visit, total the prices of the items in your list. Then, make a list of at least 10 more items you saw in the store or thought about that you didn't have on your list. From this experience, write a brief summary explaining your conclusions about the cost of an infant's layette and the impact the costs would have on a family's budget. Include also your view of the impact of costs to the family as the child grows up, outgrowing the items in the layette and needing new items continuously.

2

Prenatal and Neonatal Development

ESSENTIAL ELEMENT

- ❑ Describe the stages of prenatal and neonatal development.(e2A)

OBJECTIVES

- ❑ Compare the reproductive processes of the male and female.
- ❑ Analyze the various methods of conception.
- ❑ Relate the three stages of prenatal development to monthly prenatal development.
- ❑ Explain the physical and emotional aspects of pregnancy.
- ❑ Differentiate between the normal physical discomforts of pregnancy and complications associated with pregnancy.
- ❑ Investigate the effects of the mother's age on prenatal development.
- ❑ Discuss neonatal development.

Prenatal development is the growth of an infant that takes place before birth. The period of prenatal growth is very important because it can determine the difference between a healthy and an unhealthy beginning of life. The infant begins as a single cell; it takes approximately thirty-eight to forty weeks of development from the moment of conception until the infant is considered full-term.

Information about prenatal development is available from several sources in the community. Some of these sources include the following:

- a physician
- the health department
- the American Red Cross
- the March of Dimes
- private organizations

THE REPRODUCTIVE PROCESS

Reproduction could not occur without the complex processes carried out by the reproductive organs. Each organ has particular functions in the reproductive process.

Reproductive Organs of the Male

Reproduction occurs through the functions of the reproductive organs of the male and female. The male reproductive organs include the following:

- testes
- epididymis
- vas deferens
- seminal vesicles
- prostate gland
- urethra
- penis

The ***testes,*** also called the testicles, are the site where sperm and male hormones are produced. Males normally have two testes that are contained in a saclike structure known as the ***scrotum***. The testes are located at the base of the penis with one testis on each side. ***Sperm*** are mature, male reproductive cells capable of fertilizing an egg. In a single ejaculation from the male, approximately 300,000 sperm are present. The mature male body constantly produces sperm. Sperm normally live about forty-eight hours in the woman's uterus, but sperm can live as long as three to five days.

The ***epididymis*** is a long tube that is coiled on top and to the sides of each of the testes. The epididymis attaches from the testes to the vas deferens. Sperm manufactured in the testes enter the epididymis where they may be stored. Mature sperm are propelled up the epididymis by contractions into the vas deferens.

Once the sperm have travelled up the epididymis, it reaches the vas deferens. The ***vas deferens*** is a tube that runs from the upper scrotum to the seminal vesicle and from the seminal vesicle to the urethra. The vas deferens serves two functions. It can store sperm in the body until it is ready to be expelled, and it carries sperm from the epididymis to the urethra.

The ***seminal vesicle*** is a structure that is located just above the prostate and produces a substance known as semen. ***Semen*** is a thick whitish fluid that contains the sperm at ejaculation. As sperm travel in the vas deferens, it arrives at the seminal vesicle, is mixed with the semen, and moves on to the prostate.

The ***prostate*** is a gland that surrounds the urethra and produces additional semen to be mixed with the sperm and semen from the vas deferens. The fluid produced by the prostate makes up the major portion of the semen.

After the sperm travel through the prostate and all semen has been collected, it enters the urethra. The ***urethra*** is a tube that extends from the prostate through the penis to an opening where urine and semen are expelled from the body. The ***penis*** is the male organ that is inserted into the female's vagina and releases semen containing sperm. The penis consists of spongy tissue and blood vessels. The blood vessels expand and cause the spongy tissue to harden, forming an erection. The penis is inserted into the female's vagina once an erection has taken place. Figure 2.1 illustrates the reproductive organs of the male.

Reproductive Organs of the Female

The reproductive organs of the female include the following:

- ovaries
- fallopian tubes
- uterus
- vagina

The ***ovaries*** are two small, oval organs that produce eggs and female hormones. Each ovary is about the size of an almond. An ***egg***, also called the ***ovum***, is the reproductive cell produced

Male Reproductive Organs

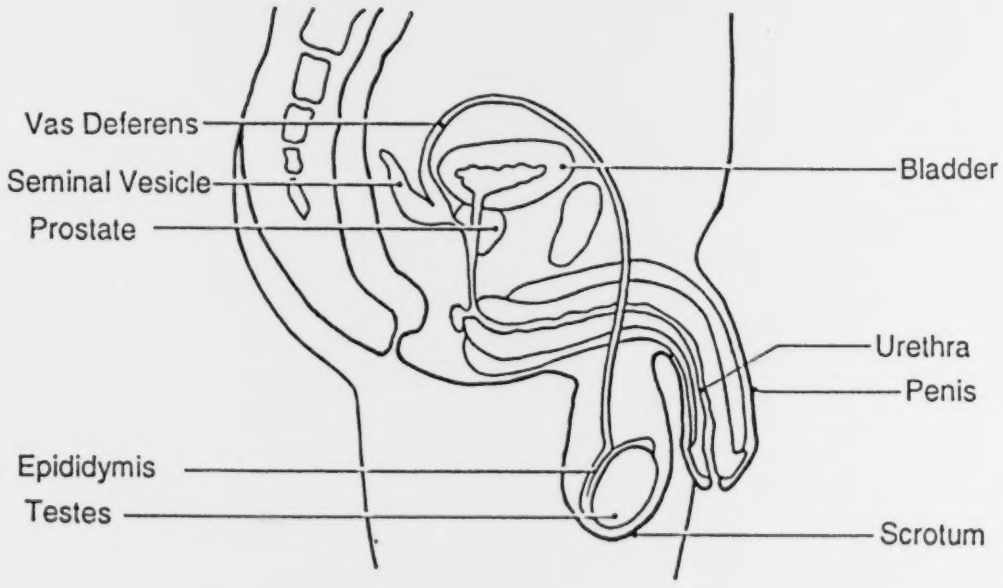


Figure 2.1

by the female. The ovaries are located in the lower abdomen; one is located at each side of the uterus.

When a female is born, the ovaries already contain all the eggs she will ever have. At birth, the number of eggs present is thought to be about 400,000. When a female reaches puberty, her ovaries begin to release the eggs that survive and mature. About 300 to 500 of the original 400,000 will mature enough to be released from the ovaries. Usually, one egg is released each month.

Once the egg leaves the ovary, it is swept by cilia into a fallopian tube. ***Cilia*** are hairlike projections that appear at the openings of the fallopian tubes. The ***fallopian tubes*** are thin tubes that begin near the ovaries and connect to the uterus. They serve as a pathway for the egg to travel through. If fertilization is to occur, it normally occurs in a fallopian tube. Here, the sperm and egg will meet.

After the egg is fertilized, it travels to the uterus and implants itself in the uterine wall. The ***uterus*** is the muscular organ where the fertilized egg develops into an infant. It is lined with glands and blood vessels that provide rich nourishment for the developing child. If the egg is not fertilized, it travels to the uterus where it and the uterine lining are shed during menstruation.

The ***vagina*** is the female organ that receives the penis during intercourse. The male ejaculate, which contains sperm, enters through the vagina in order to fertilize an egg. The vagina is also the infant's passageway to the outside world during birth. Figure 2.2 illustrates the reproductive organs of the female.

Female Reproductive Organs

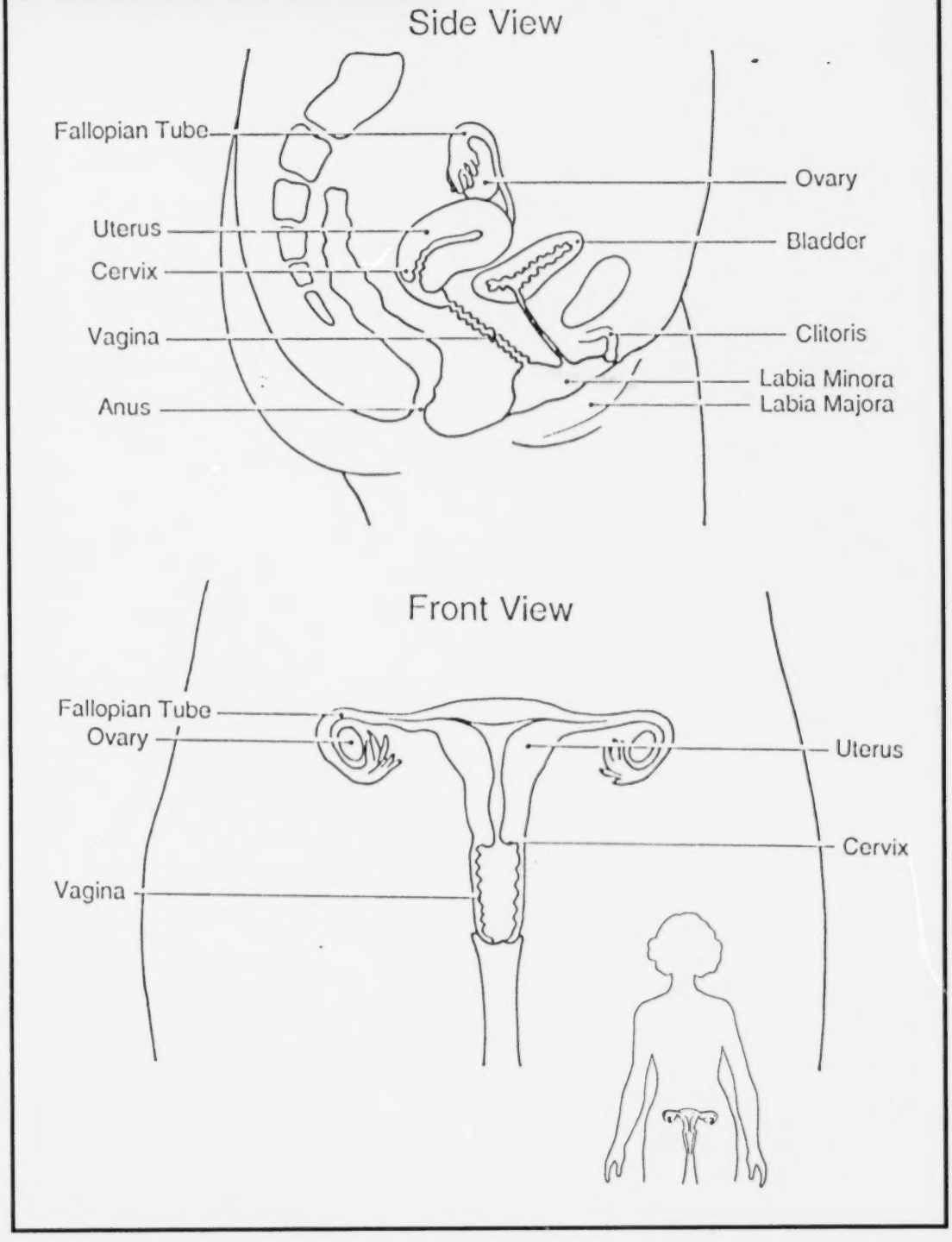


Figure 2.2

The Menstrual Cycle

The ***menstrual cycle*** is the process that prepares a female's body for pregnancy. The menstrual cycle consists of a time span usually lasting twenty-four to thirty-two days. During this time, the body goes through several processes that lead either to pregnancy or to menstruation.

During each cycle, several follicles begin to develop in an ovary. A ***follicle*** is a tiny, saclike structure that contains a single egg. After the follicles continue to develop for about one week, one follicle will begin to outgrow the others. When one follicle develops more than the others, the egg inside ripens and the smaller follicles begin to shrink to their original size. During this time, the ovaries secrete a hormone known as ***estrogen***. Much of this estrogen is secreted from the outer cells of the developing follicle.

The estrogen secreted from the ovaries causes the endometrium to thicken and grow. The ***endometrium*** is the lining of the uterus that is used to nourish a developing infant if pregnancy occurs. One to two days before the egg is released from the ovary, the levels of estrogen in the female's system reach their highest point and then begin to drop off. At this time, the follicle begins producing another hormone called ***progesterone***.

When the follicle begins producing progesterone, it swells and ruptures, thus allowing the egg to leave the ovary. The release of the egg from the ovary is known as ***ovulation***. Figure 2.3 illustrates the process of follicle growth and ovulation.

Once the egg leaves the ovary, it is swept into the fallopian tube by the cilia. Once in the fallopian tube, the egg slowly travels to the uterus. It usually takes about six days for the egg to travel from the fallopian tube to the uterus. However, fertilization normally takes place within twenty-four hours after ovulation. If living sperm are present in the female's body when ovulation takes place, pregnancy can still occur. The sperm do not have to be deposited in the female's body after ovulation in order for conception to take place.

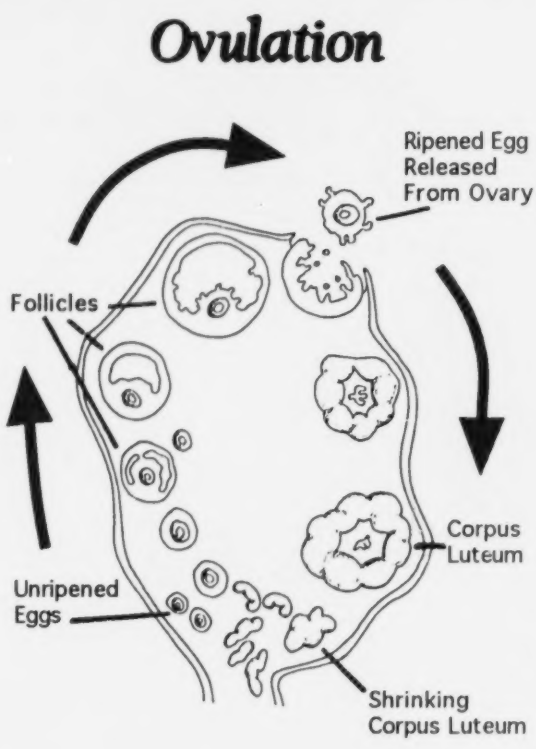


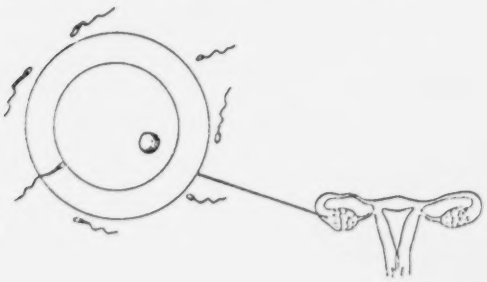
Figure 2.3

At the same time the egg is traveling toward the uterus, the now empty follicle that produced the egg in the ovary is undergoing more change. The follicle grows rapidly and is now called the ***corpus luteum***. The corpus luteum now secretes large quantities of the hormones estrogen and progesterone at the same time. These hormones cause the endometrium to continue developing in order to support a fertilized egg. The endometrium begins to release nutrients and secretions. At the same time, the blood supply in the endometrium increases along with the number of tiny blood vessels found in the tissue. When the cycle is near completion, the endometrium has doubled in thickness and large amounts of nutrients have been stored to nourish a fetus.

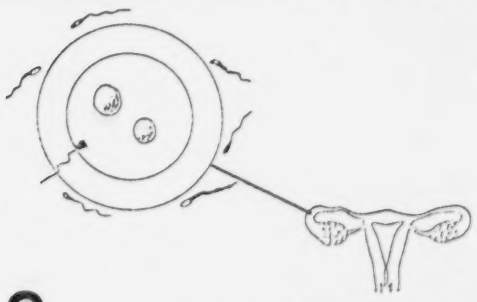
ABCs of Life

Illustrated are the approximate locations in the fallopian tube and uterus of the fertilized egg at different stages of development.

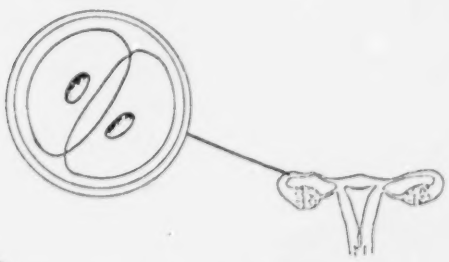
A A sperm penetrates the ripe egg.



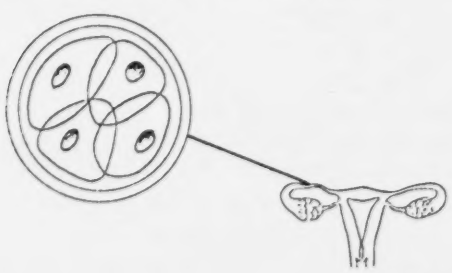
B The head of the sperm separates from the tail and approaches the egg's nucleus.



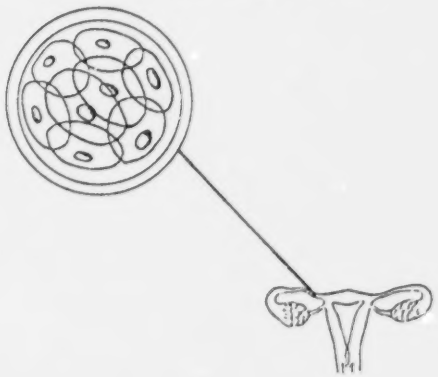
C Chromosomes pair to form a two-cell egg.



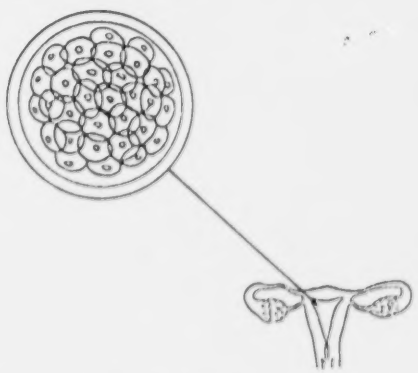
D Two cells divide into four cells.



E Each cell divides, forming eight cells.



F Cells continue to divide, get smaller, and form a mass of cells.



G The mass of cells is ready to implant in the uterus.

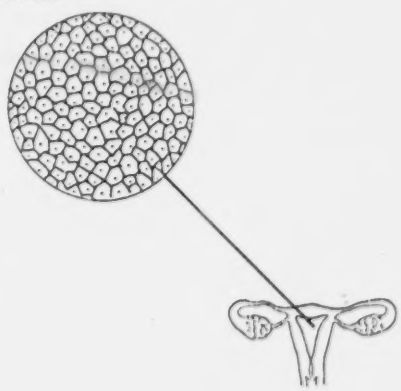


Figure 2.4

If conception has occurred, the fertilized egg multiplies into a clump of many cells that implants itself in the endometrium. Figure 2.4 illustrates the path of the fertilized egg from the fallopian tube where conception takes place until the mass of cells implants in the unterus. The corpus luteum continues to secrete hormones that maintain the conditions in the uterus so the pregnancy can continue.

If conception does not occur, the corpus luteum begins to shrink while decreasing the levels of estrogen and progesterone. The unfertilized egg disintegrates and exits the female's body through the vagina. This often occurs before menstrual bleeding begins. When the hormone levels decrease, the uterus begins to shed the endometrium. This shedding of the uterine lining is known as ***menstruation***. Menstrual flow consists of blood, cervical and vaginal secretions, and the tissue that is sloughed from the endometrium. When menstruation is almost complete, the process already has started again.

CONCEPTION

Before prenatal development can begin, conception must take place. ***Conception*** is the meeting of the sperm and egg, and it is the beginning of prenatal development. Conception can occur through intercourse or through scientific means.

Conception by Intercourse

The conception process begins when sperm enter the female's body and travel from the vagina into the uterus and up the fallopian tubes. If an egg is in the fallopian tube, a sperm might be able to penetrate the egg in order for fertilization to take place. It normally takes the sperm several hours to reach the egg. During this time, many of the sperm die or exit the body in the semen. Therefore, only a fraction of the sperm released from the male have a chance of fertilizing the egg.

Three weeks after conception, the embryo's heart is beating and is the largest organ.

Other Methods of Conception

Through technological advances, it is possible for conception to occur by means other than intercourse. These methods are often used by couples who have trouble conceiving the traditional way or by single people who want to be parents. These methods include artificial insemination, embryo transplants, sperm banks, in vitro fertilization, and gamete intrafallopian transfer.

Artificial Insemination. ***Artificial insemination*** is a method in which semen is placed in the vagina by means other than intercourse to produce a pregnancy. Artificial insemination can be performed using the semen of the husband or of a donor if the husband is infertile or when there is no husband. This method also can produce a successful pregnancy if the husband's semen contains a below average number of sperm. This condition is referred to as a ***low sperm count***. A few samples of the husband's semen are mixed together so that a single sample with a higher sperm count is available for insemination. The greater the number of sperm, the better chance the female has of becoming pregnant.

Embryo Transplants. It is now possible for an embryo to be transplanted and carried to term in a woman's body. An ***embryo transplant***

is a method in which an embryo is removed from one woman's uterus and transplanted into another woman's uterus. The embryo is flushed out of one woman's uterus before it has time to attach to the uterine lining and placed in another woman's uterus where it will implant.

This technique can be used in two situations. For the woman who is infertile (cannot become pregnant), the husband's sperm can be used to artificially inseminate another woman, and that embryo can be transferred from the egg donor to the infertile woman to carry until birth. For the woman who is able to conceive but is prone to miscarriages, the embryo can be transferred from her uterus to the uterus of a surrogate (a woman who substitutes for another who is unable to become pregnant or unable to carry a baby to term) who carries the couple's infant until birth.

Sperm Banks. Technology now makes it possible for sperm to be frozen and stored for later use. A ***sperm bank*** is a place where men can store their sperm for their own use at a later date or for use by other couples or single women who want to have children.

In Vitro Fertilization. ***In vitro fertilization*** is a method in which the sperm and egg are joined outside the human body. The fertilized egg can then be implanted in the woman's uterus and carried until birth. This method is useful when both parents are fertile but conception is difficult. If a woman's fallopian tubes are blocked, the egg and sperm have trouble getting through the blockage to reach each other. The woman's egg can be removed, fertilized by the sperm, and implanted in the uterus. The term *test-tube baby* comes from in vitro fertilization since the sperm and egg can be joined in a test tube instead of in the human body.

Gamete Intrafallopian Transfer. ***Gamete intrafallopian transfer*** (also known as GIFT) is a procedure that involves placing a mixture of sperm and eggs directly into one of the woman's fallopian tubes. This procedure encourages conception to occur inside the mother's body as it would if it occurred naturally.

STAGES OF PRENATAL DEVELOPMENT

Once an egg is fertilized, three stages of prenatal development occur. These stages are the period of the zygote, the period of the embryo, and the period of the fetus. A pregnancy also is sometimes referred to in periods known as trimesters. A ***trimester*** is a period of time encompassing three months. Therefore, a nine-month pregnancy is divided into three trimesters. In addition to referring to pregnancy by stages or trimesters, pregnancy also is discussed according to monthly development. Table 2.1 illustrates these three time frames of pregnancy.

Period of the Zygote

The period of the zygote is the first period of prenatal growth. The egg begins as a single cell. If the egg is fertilized, it begins to grow through cell division. Once the fertilized egg divides into two cells, it is called a ***zygote***. Cell division means that the single cell divides into two cells, then those two cells divide and become four cells, and so on until the fertilized egg becomes a mass of cells. The period of the zygote lasts about two weeks. This period is a time of rapid growth for the zygote. During this period, the zygote reaches the uterus and implants in the uterine lining. By the time the zygote reaches the uterus, it is already a mass of cells. The endometrium provides a warm, nourishing cushion for the zygote to continue development. Figure 2.4 illustrates this period of development.

Period of the Embryo

The second stage of prenatal development is the period of the embryo. ***Embryo*** is the term used to refer to the unborn infant from about the second week after conception until about the eighth week. During this period, the embryo

Prenatal Development

	Month	Development	Effects on Mother
First Trimester	**First Month** First 2 weeks: Period of the Zygote Last 2 weeks: Period of the Embryo	• Cells multiply. • Zygote attaches to the lining of the uterus. • Infant's heart begins to beat and the internal organs and circulatory system begin to form. • By the end of the month, small bumps form that will later be arms and legs.	• Missed menstrual period. • Other signs of pregnancy may not yet be noticeable.
	Second Month Period of the Embryo	• Embryo is about 1/4 in. long. • Bones begin to form. • Internal organs begin to develop. • Face eyes, ears, and limbs take shape.	• Breasts begin to swell. • Pressure on bladder from enlarging uterus results in need to urinate more frequently. • Possible nausea ("morning sickness"). • Fatigue is common.
	Third Month Period of the Fetus	• Fetus is about 1 in. long at the beginning of the month. • Formation of the nostrils, eyelids, lips, mouth, and teeth buds. • Fingers and toes near complete formation. • All organs are present but not yet mature.	• Breasts become firmer and full and may ache. • Nausea, fatigue, and frequent urination may continue. • Abdomen becomes slightly larger. Uterus has grown to about the size of an orange. • Weight gain totals 2 to 4 lb.
Second Trimester	**Fourth Month** Period of the Fetus	• Fetus is about 3 in. long and weighs 1 oz. at the beginning of the month. • Fetus is able to suck its thumb, swallow, hiccup, and move around in the uterus. • Facial features become clearer.	• Changes in size continue slowly. • Most discomforts of early pregnancy are usually gone by now. • Appetite increases.
	Fifth Month Period of the Fetus	• Fetus is about 6 1/2 to 7 in. long and weighs 4 to 5 oz. at the beginning of the month. • Hair, eyelashes, and eyebrows appear. • Teeth continue to develop. • Organs mature. • Fetal activity increases.	• Enlarged abdomen becomes apparent. • Slight fetal movements are felt. • Fetal heartbeat may be heard through a stethoscope.

Table 2.1

Prenatal Development

	Month	Development	Effects on Mother
	Sixth Month Period of the Fetus	• Fetus is 8 to 10 in. long and weighs about 8 to 12 oz. • Fat is deposited under the skin, but the fetus still appears wrinkled. • Breathing movements begin.	• Fetal movements have become strong kicks, thumps, and bumps. Some may be visible. • Weight gain may total about 10 to 12 lb. at the beginning of this month.
Third Trimester	**Seventh Month** Period of the Fetus	• Fetus is about 10 to 12 in. long and weighs about 1 1/2 to 2 lb. • Periods of fetal activity are followed by periods of rest and quiet.	• Increased size is beginning to affect posture.
	Eighth Month Period of the Fetus	• Fetus gains weight rapidly. • Fetus is about 14 to 16 in. long and weighs about 2 1/2 to 3 lb. • Fetus may react to loud noises with a reflex jerking action. • Fetus has usually moved into the head-down position during this month.	• May have discomfort as size increases. Backaches, leg cramps, shortness of breath, and fatigue are common. • Fetal kicks continue to be felt. Mother's rest may be disturbed. • Weight gain at the beginning of this month may total 18 to 20 lb.
	Ninth Month Period of the Fetus	• Fetus is about 17 to 18 in. long and weighs about 5 to 6 lb. at the beginning of the month. • Weight gain continues until the week before birth. • Skin becomes smooth as fat deposits continue. • Fetal movements decrease as the fetus has less room for movement. • Fetus acquires disease-fighting antibodies from the mother's blood. • Fetus descends into the pelvis, ready for birth.	• "Lightening" is felt as the fetus drops into the pelvis. Breathing is easier now. • Other discomforts of late pregnancy may continue. • Total weight gain of 24 to 30 lb. Uterus is the size of a small watermelon by the time of birth. • False labor pains may occur.

Source used with Permission of the Publisher *The Developing Child*, Glencoe/McGraw-Hill, Mission Hills, California: 1990, pp.59-60.

Table 2.1—Continued

grows rapidly and undergoes great change. It becomes firmly attached to the uterus, and the placenta forms from the tissue connecting the embryo to the uterus. The umbilical cord also appears during this period.

During the embryonic period, the growing embryo becomes surrounded by the amniotic sac that contains amniotic fluid. This fluid protects and cushions the infant until birth and maintains a constant temperature in which the infant can survive.

Period of the Fetus

The remainder of the pregnancy is known as the period of the fetus. The term ***fetus*** is used to refer to the unborn infant after the period of the embryo is over until the infant is born. This is the longest stage of the pregnancy. It begins about the eighth week of pregnancy. During this time, the organs become functional, physical features develop fully, the fetus gains weight rapidly, and the mother begins to feel movements of the fetus.

MONTHLY PRENATAL DEVELOPMENT

The developing infant goes through many changes before birth. While all infants do not develop at exactly the same rate, many changes can be seen monthly. Table 2.1 lists the characteristics that appear and the development that occurs during each month of the pregnancy.

By monitoring the development of the infant through her or his size and body structure, the doctor can determine more accurately the expected date of birth. The expected date of birth can be calculated in two ways. These ways are gestational age and fertilization age.

Gestation is the period of time a woman is pregnant. ***Gestational age*** is the method used to calculate the expected date of birth by using the first day of the mother's last menstrual period. This usually occurs about two weeks before fertilization takes place. After about 280 days from the first day of the last menstrual period, the infant will be born.

> Babies of young mothers have a much greater risk of death before or shortly after birth than babies of older mothers. The death rate for infants of mothers under sixteen years old is five times greater than the death rate of infants of mothers age twenty to twenty-four.

Fertilization age is the method of calculating the birth date of the infant using the date of fertilization, which is usually two weeks after the first day of the menstrual period. Therefore, the time span of the pregnancy calculated by fertilization age is about two weeks less than the time span for a pregnancy calculated by gestational age. This date is figured by adding 266 days to the date of fertilization.

The average time span from fertilization to birth is 266 days. It is important that the physician monitor fetal development and movement in order to detect any abnormalities and to have a more accurate date of expected birth.

PHYSICAL ASPECTS OF PREGNANCY

Pregnancy affects the mother's body in many ways. Changes take place that enable the mother to carry and deliver the infant. Changes are necessary in order for the infant to develop, grow, and survive until delivery. However, these changes can be a cause of concern for the mother. Although a woman's body begins to change in unnoticeable ways the moment she

becomes pregnant, she soon becomes very aware of the many changes taking place.

Physical Changes

When a woman becomes pregnant, her body undergoes vast changes. Her body begins to change before she even knows that she is pregnant. A rise in body temperature at about the time of ovulation that stays higher for about three weeks can be a sign of pregnancy. This rise in body temperature is caused by the high level of the hormone progesterone produced by the area that will soon be the placenta.

Other early signs of pregnancy include a missed menstrual period, fullness and tenderness of the breasts, nausea and vomiting, increased appetite, frequent urination, and increased fatigue.

Later signs of pregnancy usually occur after the woman knows that she is pregnant. These later signs include an enlarged abdomen, weight gain, noticeable movement of the fetus, and a fetal heartbeat detectable through a stethoscope.

Problems in pregnancy and miscarriages occur most often during the first trimester. Since the infant's major organs and systems begin to develop during the first trimester, developmental problems occur during this time. Chapter 3 explains prenatal problems in depth.

A physician usually recommends a weight gain of twenty-two to thirty pounds during pregnancy. An average of twenty pounds is gained simply from the weight of the infant and the bodily changes that accompany pregnancy. Any other weight gain is probably due to caloric intake and is more difficult to lose after the infant is born.

Exercise During Pregnancy

Exercise can be a concern for many women during pregnancy. Women who were active before they became pregnant usually can continue to exercise throughout their pregnancies. However, all pregnant women should consult their physicians before beginning exercise programs. Conditions such as high blood pressure can cause exercise to be more dangerous than beneficial.

Exercise has a greater impact on the health of the mother than on the fetus. Studies have shown that exercise does not have a real impact on the fetus. The exercise is more beneficial to the mother by increasing her stamina and making her stronger. Due to the benefits of exercise, labor may be much easier and quicker.

Some types of exercise should be avoided during pregnancy. Exercise that puts too much strain on the joints should be avoided because the joints are unstable and stretch easily during pregnancy. This condition is caused by hormonal changes that prepare the ligaments for the stretching that accompanies childbirth. This makes the joints more prone to injury. Some types of exercise can cause a pregnant woman to lose her balance. Due to her increase in size, a pregnant woman's center of gravity shifts, and she is more likely to lose her balance.

EMOTIONAL ASPECTS OF PREGNANCY

Pregnancy can be a very emotional time for both expectant parents. While the mother and father experience many of the same emotions, their feelings also differ in some ways.

Mother's Emotions

Pregnancy is a very emotional time for a woman. The hormonal changes taking place in her body in addition to the physical changes can create emotional stress. If the pregnancy is occurring at a time when the mother is not ready for parenthood or if it is a difficult pregnancy, added emotional strain is usually present. Stress and anxiety also can be caused by factors unrelated to the pregnancy.

When a woman finds out she is pregnant, she may experience many different emotions. Emotions can range from excitement to fear. While a woman may be very happy and excited to be pregnant, she may experience fear when imagining what the pain of giving birth may be like.

As the pregnancy progresses, a woman may experience new emotions due to the changes her body is experiencing. With an increase in size, a woman may worry about looking fat or being undesirable. Throughout the pregnancy, she may worry about being a good mother and may have concerns if she has not had much experience with children.

Some women may feel healthy and fit during their pregnancies. However, other women may experience nausea, fatigue, and other discomforts that often accompany pregnancy. Some women may be afraid of the hospital and the procedures that will take place there. Women may feel that their bodies have been taken over and they have no control over what is happening. Expectant mothers also worry about their unborn infants. They worry and wonder if the infants are developing properly, if the infants are healthy, if the infants will be born at the right time, and if many other aspects of the pregnancy and their infants are normal.

Father's Emotions

Expectant fathers often experience very different emotions than expectant mothers. With so much attention on the pregnant woman, the father may feel isolated and left out. He may even feel jealously toward the unborn infant as well as toward the attention the mother is receiving. Just as the mother does, the expectant father must go through a transitional period to becoming a father. His roles and responsibilities change just as the mother's do, and he must learn to make these changes as smoothly as possible. In order to adjust more easily, he needs attention and understanding.

PHYSICAL DISCOMFORTS OF PREGNANCY

Along with the joy and excitement of being pregnant, physical discomforts often bother pregnant women. Most discomforts are common during pregnancy, and the majority of women experience at least some of them. However, it is possible for a woman to experience no discomforts or problems during pregnancy.

Morning Sickness

One of the most common physical discomforts of pregnancy is morning sickness. ***Morning sickness*** is nausea sometimes accompanied by vomiting that generally occurs during the first three months of pregnancy. Morning

sickness gets its name due to the fact that it is more common in the morning. However, many women complain of feelings of nausea throughout the entire day. While the cause of morning sickness is not exactly certain, one theory is that it is caused by the hormonal changes that accompany pregnancy. Morning sickness seems to be worse when a woman has an empty stomach. Therefore, it may be better to eat a few small meals each day in order to keep food in the stomach as much as possible. For women who feel nauseated when they wake up in the morning, eating a few crackers before getting out of bed may help. Eating peppermint candy also may help relieve nausea associated with pregnancy.

Heartburn

Heartburn is a condition caused when stomach acid moves up into a person's esophagus. This condition occurs frequently during pregnancy because of the increased pressure on the stomach from the uterus. The stomach is often moved out of its regular position, thus delaying the emptying of its contents. A pregnant woman can relieve heartburn by eating smaller meals at frequent intervals. This keeps food in the stomach most of the time to absorb the stomach acid and to keep it from moving into the esophagus.

Constipation

Many pregnant women also experience constipation. ***Constipation*** is a condition characterized by hardening of the feces which makes them difficult and painful for the bowels to eliminate. This condition may be caused by the diminished ability of the bowel to empty its contents and the decreased amount of contractions of the intestine due to the increased pressure from the uterus.

Hormonal changes in the woman's body also may make the intestines sluggish. The chances of constipation can be reduced by exercising regularly, drinking adequate amounts of fluids, and including several servings a day of vegetables, fruits, and grains such as bran and whole wheat. Laxatives should not be used without consulting a physician.

Shortness of Breath

Due to the pressure of the enlarged uterus pressing upward on the lungs, pregnant women may experience shortness of breath. When climbing stairs or after walking short distances, pregnant women may experience shortness of breath that was not evident before pregnancy.

Backache

Backaches are very common during pregnancy due to several factors. The enlarged size of a woman's body changes her center of gravity. The shift in center of gravity also changes her posture. A woman's ligaments become elastic during pregnancy to allow for the stretching that accompanies birth. This is especially true in the pelvic area. The elasticity of the ligaments causes the joints to be more susceptible to strain and injury and is the source of many backaches. The severity of backaches can be controlled if the expectant mother's weight gain is within the recommended amount. More strain accompanies extra weight. A physician may be able to recommend exercises to relieve the pain.

Varicose Veins

Varicose veins occur in about 20 percent of pregnant women. Varicose veins are more common in women who stand for long periods of time and in older women. Their appearance also can be determined by heredity. ***Varicose veins*** are veins in the legs that are enlarged and uncomfortable, sometimes even painful. This occurs because of the increased blood supply that is necessary to support the fetus. The enlarged uterus slows the flow of blood from the legs to the pelvis. This causes the veins in the legs to swell.

The discomfort of varicose veins can be lessened by elevating the legs and staying off of them as much as possible. Support pantyhose also can relieve the pain. A physi-

cian can offer more information on support hose. Tight-fitting clothes should not be worn around the waist or legs. In rare, severe cases of varicose veins, surgery is necessary.

Hemorrhoids

Hemorrhoids are another common problem associated with pregnancy. ***Hemorrhoids*** are swollen masses of veins at the anal opening. Hemorrhoids often occur when the pregnant woman also suffers from constipation. Itching also may be present with hemorrhoids. To ease the discomfort, a pregnant woman should take frequent warm baths and, if necessary, apply a cotton pad soaked in witch hazel (a lotion) to the area. However, the best thing a pregnant woman can do is avoid getting hemorrhoids in the first place. This can be done by avoiding constipation as discussed previously.

Edema

Edema is swelling in various areas of the body due to the accumulation of fluids that occur during pregnancy. Swelling most often occurs in the lower legs, feet, and hands. While cold compresses may reduce swelling in the hands, elevating the legs for an hour in the latter part of the day can reduce swelling in the legs. Swelling in the legs tends to increase during the day after standing for long periods of time.

COMPLICATIONS OF PREGNANCY

Numerous complications can occur during pregnancy. If a pregnant woman suspects she is having complications, she should consult a physician immediately.

Signs of Complications

Serious complications may be characterized by the following symptoms:

- vaginal bleeding
- abnormal weight gain
- severe abdominal pain
- persistent headaches
- urinary complications
- fever
- severe vomiting
- unusual and excessive swelling of the face and hands
- dizziness
- vision problems

Once a physician is consulted, the cause of these symptoms usually can be determined. Several tests can be administered to identify any complications that may be present. If these symptoms are ignored, the life of the mother and/or the fetus could be in great danger. Warning signs should never be ignored or go unexamined. Table 2.2 describes several complications that can accompany pregnancy.

Testing during Pregnancy

Amniocentesis. One method a physician can use to diagnose birth defects and other conditions that require treatment before or immediately after birth is amniocentesis. ***Amniocentesis*** is a test that involves inserting a special needle through the abdomen into the amniotic fluid that surrounds the infant. After removing a small amount of the amniotic fluid with the needle, the cells in the fluid are examined for genetic defects. Amniocentesis is most commonly used to test for Down's syndrome when the mother is over age thirty-five. Due to the risk factors involved, this test only is performed if a physician believes there is a substantial medical reason to take the risk. Amniocentesis cannot be performed before the fourth month of pregnancy.

Chorionic Villi Sampling. A relatively new test, chorionic villi sampling is another test that is conducted to detect genetic defects. Unlike amniocentesis, chorionic villi sampling can be performed before the fourth month of pregnancy, usually between the sixth and eighth week. Therefore, treatable conditions can be corrected at an earlier stage of development, or the pregnancy can be terminated at an early stage if serious defects occur and the life of the

Complications During Pregnancy

Condition	Symptoms	Effects on Mother and Infant	Treatment
Gestational Diabetes	Unusually high amounts of sugar in urine	Mother: May give birth prematurely	Insulin injections; modified diet; bed rest in a hospital past 32 weeks; Caesarean delivery if the infant is too large to pass through the pelvic area
		Infant: Grows too quickly and may become too large to be carried to full term; early delivery of a large but premature infant will require special medical care	
Ectopic Pregnancy (Fertilized egg implants in a fallopian tube instead of uterus)	Vaginal bleeding; abdominal pain; cramping; dizziness; fainting	Mother: May cause sterility if both fallopian tubes are damaged; increased chance of future pregnancies being ectopic	Immediate operation; possible removal of injured section of tube; if tube ruptures and massive hemorrhaging occurs, tube and ovary may have to be removed
		Infant: Development usually does not continue past the third month	
Premature Labor	Flow of fluid from vagina; abdominal contractions	Mother: Medications given may have side effects such as increase in heart beat, breathing problems, high blood pressure, and increase in blood sugar	Bed rest under a doctor's supervision; administration of medications that may stop premature labor
		Infant: May have similar side effects from medications since they can pass through the placenta	
Hydramnios	Excessive amount of amniotic fluid surrounding infant; breathlessness; indigestion or nausea; premature labor; intense abdominal pain	Mother: May give birth prematurely	Ultrasound examination to determine severity; additional rest; possible hospitalization with sedation; medication to relax uterus to reduce chance of premature labor; amniocentesis may be used to remove excess fluid
		Infant: Premature infant may require special care	

Table 2.2

Incompetent Cervix	Cervix opens during second trimester or early in the third trimester	Mother: Miscarriage or premature birth	Cervix may be stitched together to prevent premature birth
		Infant: Special medical care may be required for premature birth	
Preeclampsia	Increasingly high blood pressure; accumulation of fluid in the body; protein present in urine; puffiness in face and hands; sudden, abnormal weight gain; severe headaches; vision problems	Mother: Progression to eclampsia	Medication to control blood pressure; low-salt diet; bed rest; lying on left side to relieve major blood vessels; hospitalization; delivery of infant if near term
		Infant: No effect unless it progresses to eclampsia	
Eclampsia (next stage of uncontrolled preeclampsia)	Same symptoms as preeclampsia plus pain in upper right portion of abdomen and seeing flashing lights; convulsions; unconsciousness	Mother: May cause death	Immediate delivery by caesarean or labor may be induced
		Infant: May cause death	
Premature Rupture of Membranes	Flow of fluid from vagina because membranes surrounding fetus rupture before fetus is ready to be born	Mother: Infection	Delivery if infant is near term; medication to decrease chance of labor beginning; observation due to risk of infection
		Infant: Premature delivery	
Placenta Previa	Painless vaginal bleeding caused when placenta is positioned partly or completely over the cervix	Mother: Hemorrhaging	Caesarean section if near term; possible blood transfusion for the mother if bleeding is severe
		Infant: Brain damage or death	

Table 2.2—Continued

mother and/or fetus is in danger. ***Chorionic villi sampling*** involves inserting a catheter (thin, hollow tube for passing fluids) through the vagina into the uterus to collect samples of the ***villi***, which are fingerlike projections stemming from the membrane that surrounds the fetus. Once the villi are located, samples are snipped or suctioned off for examination. The villi contain the identical chromosomal information as the fetus. Therefore, genetic disorders can be detected by examining this tissue.

Ultrasound. Ultrasound is a widely used test that can detect developmental problems, multiple births, and possibly the gender of the infant. ***Ultrasound*** uses sound waves to obtain an image of the fetus that is viewed on a monitor. Defects in the development of the skeleton or organs can be seen with the ultrasound test. By viewing the fetus' development through ultrasound, the doctor can determine a more accurate date of birth. This can be done by determining the weight, size, and age of the infant. While performing amniocentesis, ultrasound also is used to guide the needle. During chorionic villi sampling, ultrasound is used for guiding the catheter to the proper location.

EFFECTS OF MOTHER'S AGE ON PRENATAL DEVELOPMENT

Many pregnancies occur during adolescence or later in life when a woman thinks she may be too old to have children. When pregnancy occurs under these circumstances, problems are more likely to arise. These pregnancies are considered to be high-risk pregnancies. A ***high-risk pregnancy*** is any pregnancy that has a greater than average chance of developing complications. Special precautions must be taken by those with high-risk pregnancies such as bed rest, hospitalization, or medication prescribed by a physician.

Adolescent Pregnancy

Puberty is the stage of physical development when children begin to mature sexually and become adults. Puberty usually begins between the ages of eight and thirteen for females. Puberty usually lasts from four to five years.

For females, puberty begins with the appearance of breast buds. Next, pubic hair appears. Finally, menstruation begins. During this time, rapid growth spurts occur along with changes in the body's shape. With the onset of menstruation, it becomes possible for the female to reproduce.

Mother's Age

For a 25-year-old mother, the chances of giving birth to an infant with Down's syndrome is 1 in 1,205. The chances increase to 1 in 365 for a mother who gives birth when she is 35 years old.

The physical changes of puberty make it possible to bear children. Although the body of a female is capable of producing a child, she is not fully developed and capable of producing a child without greater risks than a mature woman. If the female is not physically mature, her body will continue to develop while the infant tries to develop at the same time. This causes the mother and the infant to fight each other for nutrients essential to development. The mother or the infant could be undernour-

ished, and the infant could be born with a low birth weight. Infants born with a low birth weight are at greater risk of dying at birth or developing health problems.

Pregnancy in Older Women

Pregnant women over the age of thirty-five are considered to have high-risk pregnancies. The incidence of Down's syndrome is greater in women who are older when having children. Carrying the child may be more difficult for an older woman because her body may not be as physically prepared as a younger woman's body. The incidence of birth defects in the infants of older mothers is higher than the incidence of birth defects for mothers of average child-bearing age. Refer to chapter 3 for additional information on the effects of the age of the mother on the infant.

NEONATAL DEVELOPMENT

During the first month of life, the newborn infant is referred to as a neonate. During this first month, the parents will get to know their infant and understand the infant's moods and behavioral patterns. While all neonates are different and have their own characteristics, they also have many similarities.

Infants are born with certain reflexes that are only temporary until the infant has more control over her or his actions. An infant's senses are also functional to some extent at birth. A great deal of development occurs during the first month of life. Chapter 4 discusses the neonate's characteristics and development in detail.

Summary

- Prenatal development is the growth of an infant that takes place before birth.
- The reproductive organs of the male include the testes, epididymis, vas deferens, seminal vesicles, prostate gland, urethra, and penis.
- The reproductive organs of the female include the ovaries, fallopian tubes, uterus, and vagina.
- Conception is the meeting of the sperm and egg. Conception can occur through intercourse or scientific means such as artificial insemination, embryo transplants, sperm banks, in vitro fertilization, and gamete intrafallopian transfer.
- The three stages of prenatal development include the period of the zygote, the period of the embryo, and the period of the fetus. During prenatal development, monthly growth of the infant can be detected.
- A pregnant woman's body undergoes a great deal of change including a rise in body temperature, cessation of the menstrual period, fullness and tenderness of the breasts, nausea and vomiting, increased appetite, frequent urination, and increased fatigue. Later physical signs of pregnancy include enlargement of the abdomen, weight gain, noticeable movement of the fetus, and detection of a fetal heartbeat.
- Pregnancy can be a very emotional time for both expectant parents. Parents may experience many different emotions when first learning about the pregnancy. Throughout the pregnancy, the mother and father may share some of the same feelings while also having feelings that differ.
- Physical discomforts often bother pregnant women. Some of these discomforts include morning sickness, heartburn, constipation, shortness of breath, backache, varicose veins, hemorrhoids, and edema.
- Complications can occur during pregnancy and may be characterized by vaginal bleeding, abnormal weight gain, severe abdominal pain, persistent headaches, urinary complications, fever, severe vomiting, unusual and excessive swelling of the face and hands, dizziness, and vision problems.
- Tests such as amniocentesis, chorionic villi sampling, and ultrasound can be performed to detect birth defects and other conditions.
- Pregnancies can occur during adolescence or later in a woman's life when she thinks she may be too old to have an infant. When pregnancy occurs under these circumstances, problems are more likely to arise.

- During the first month of life, infants are known as neonates. Neonates are born with certain characteristics, and development during the first month is very much the same for most neonates.

Vocabulary

amniocentesis
artificial insemination
chorionic villi sampling
cilia
conception
constipation
corpus luteum
edema
egg
embryo
embryo transplant
endometrium
epididymis
estrogen
fallopian tubes
fertilization age
fetus
follicle
gamete intrafallopian transfer
gestational age
heartburn
hemorrhoids
high-risk pregnancy
in vitro fertilization
low sperm count
menstrual cycle
menstruation
morning sickness
ovaries
ovulation
ovum
penis
prenatal development
progesterone
prostate
puberty
scrotum
semen
seminal vesicle
sperm
sperm bank
testes
trimester
ultrasound
urethra
uterus
vagina
varicose veins
vas deferens
villi
zygote

Review

1. What is prenatal development?
2. How do the reproductive systems of the male and female function?
3. What are the different methods of conception?
4. Describe the monthly development of the unborn infant.

5. What are the physical changes a pregnant woman experiences?
6. How is exercise beneficial during pregnancy?
7. What kinds of emotions might the mother and father experience during pregnancy?
8. List and explain the physical discomforts that can accompany pregnancy.
9. What are some of the symptoms of complications during pregnancy?
10. What tests can be performed to detect birth defects and complications with a pregnancy?
11. How does the age of the mother affect the health of the infant?
12. What term is used to refer to the newborn during the first month of life?

Critical Thinking

Consult a physician or other sources to determine what kinds of exercise would be safe for a pregnant woman who exercised on a regular basis before the pregnancy. Determine if other factors discussed in this chapter would have any effect on the exercise program. Would the exercises be safe throughout the entire pregnancy or only until a certain time? How can the baby's father be involved?

3

Factors Affecting Prenatal Development

ESSENTIAL ELEMENT

- Outline the impact of genetics, environment, and mother's health on prenatal development.(e2B)

OBJECTIVES

- Explain the genetic activities that occur during conception.
- Analyze the two kinds of multiple births and how they occur.
- Identify common genetic defects and their causes.
- Compare chromosomal errors with genetic defects.
- Assess the effects of environmental influences on prenatal development.
- Summarize the impact of illness during different stages of prenatal development.
- Discuss the importance of prenatal health care by a physician.

Heredity, the environment, and the mother's health all have an impact on prenatal development. While these three factors can be discussed independently, it is important to understand that they overlap and affect one another.

HEREDITY

Heredity occurs simultaneously with conception. Once conception has taken place, a person's heredity already has been determined. ***Heredity*** is the transfer of characteristics from the parents to their offspring.

Heredity determines how the fetus will develop and what characteristics she or he will possess. The chromosomes and genes that are contained in the nucleus of the reproductive cells determine a person's heredity. The male reproductive cell is the sperm and the female reproductive cell is the egg. The head of the sperm and the nucleus of the egg contain the genetic material that determines the offspring's characteristics.

Genetics of Conception

People's characteristics, including whether they are male or female, are determined by the chromosomes they inherit from their parents. ***Chromosomes*** are tightly coiled structures that contain the genetic information that determine a person's characteristics. While chromosomes are found in the nucleus of all cells, the reproductive cells (the egg and sperm) contain the chromosomes that are passed on to offspring.

Normally, there are twenty-three pairs or forty-six chromosomes in a person's cells. The egg and sperm, however, each contain only twenty-three chromosomes that are not in pairs. The twenty-three chromosomes from the sperm come together with the twenty-three chromosomes from the egg to form twenty-three pairs or forty-six chromosomes all together. For each chromosome in the sperm, there is a chromosome in the egg that contains information for the same traits. It is the chromosomes with the information for the same traits that form a pair. For example, the mother's chromosome that contains the information for eye color will form a pair with the father's chromosome that contains the information for eye color. Therefore, each pair will contain a chromosome from the mother and a chromosome from the father. Figure 3.1 illustrates the genetics of conception.

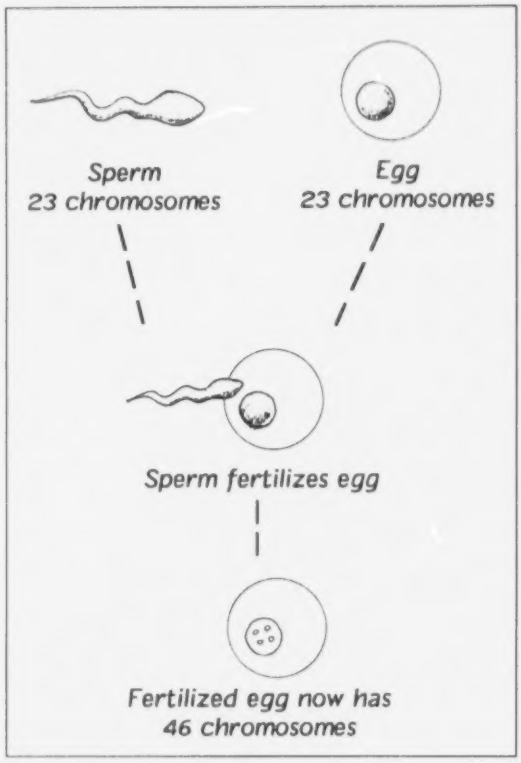


Figure 3.1

Located on each chromosome are thousands of genes. ***Genes*** are smaller units of heredity information for all of the characteristics of a person. The genes on each chromosome combine to form pairs. For example, the gene for hair type on the father's chromosome forms a gene pair with the gene for hair type on the mother's chromosome. The combination of these two genes determines the hair type of the offspring. So, the chromosomes

form a pair and the genes on the chromosomes form a pair. While some gene pairs determine on their own the characteristics of a person, other gene pairs work together to determine characteristics.

One of the twenty-three chromosome pairs is known as the sex chromosomes. The sex chromosomes determine the gender of the offspring. ***Gender*** is a person's sex—either female or male. The sex chromosomes are known as X and Y chromosomes. A female has two X chromosomes and a male has one X and one Y chromosome. Therefore, the mother always passes an X chromosome to her offspring while the father can pass an X or a Y chromosome to the offspring. It is the chromosome the offspring inherits from the father that determines the gender. Figure 3.2 demonstrates how gender is determined.

The X chromosome not only contains gender information, but it also can contain information regarding genetic defects that are only found on the X chromosome. The Y chromosome is thought to determine only the gender of offspring and not contribute to genetic defects or any other traits.

There are two kinds of genes. A ***dominant gene*** is a gene that takes precedence over a recessive gene for a particular characteristic. A ***recessive gene*** is a gene for a characteristic that may be passed to the offspring but will not be visible unless both of the genes inherited for that characteristic are recessive.

Each parent has two genes for a characteristic. But because the reproductive cells contain only one of these genes, the offspring inherits one gene from each parent. Two genes out of four are passed to offspring. If an offspring inherits a gene from each parent for the exact same characteristic, then the offspring will certainly display that characteristic. An example of this would be a child who receives a gene for curly hair from each parent. Since both of the genes were for curly hair, the offspring would have curly hair.

If both parents' gene pairs for a characteristic such as hair type are not identical, their offspring may acquire two dominant genes, two recessive genes, or one dominant gene and one recessive gene. Unless a child inherits two recessive genes from the parents, the offspring will display the characteristic of the dominant

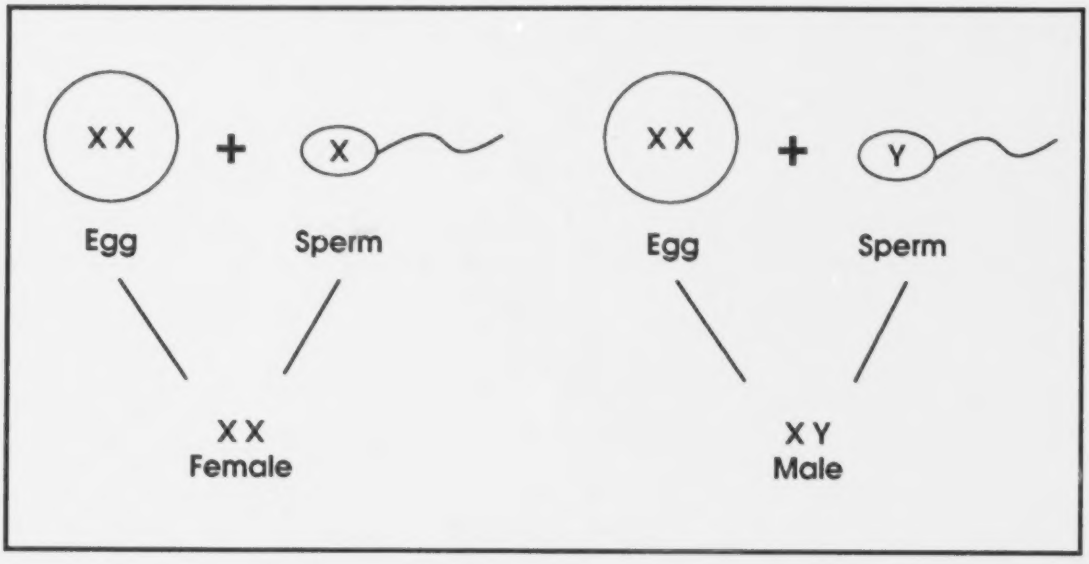
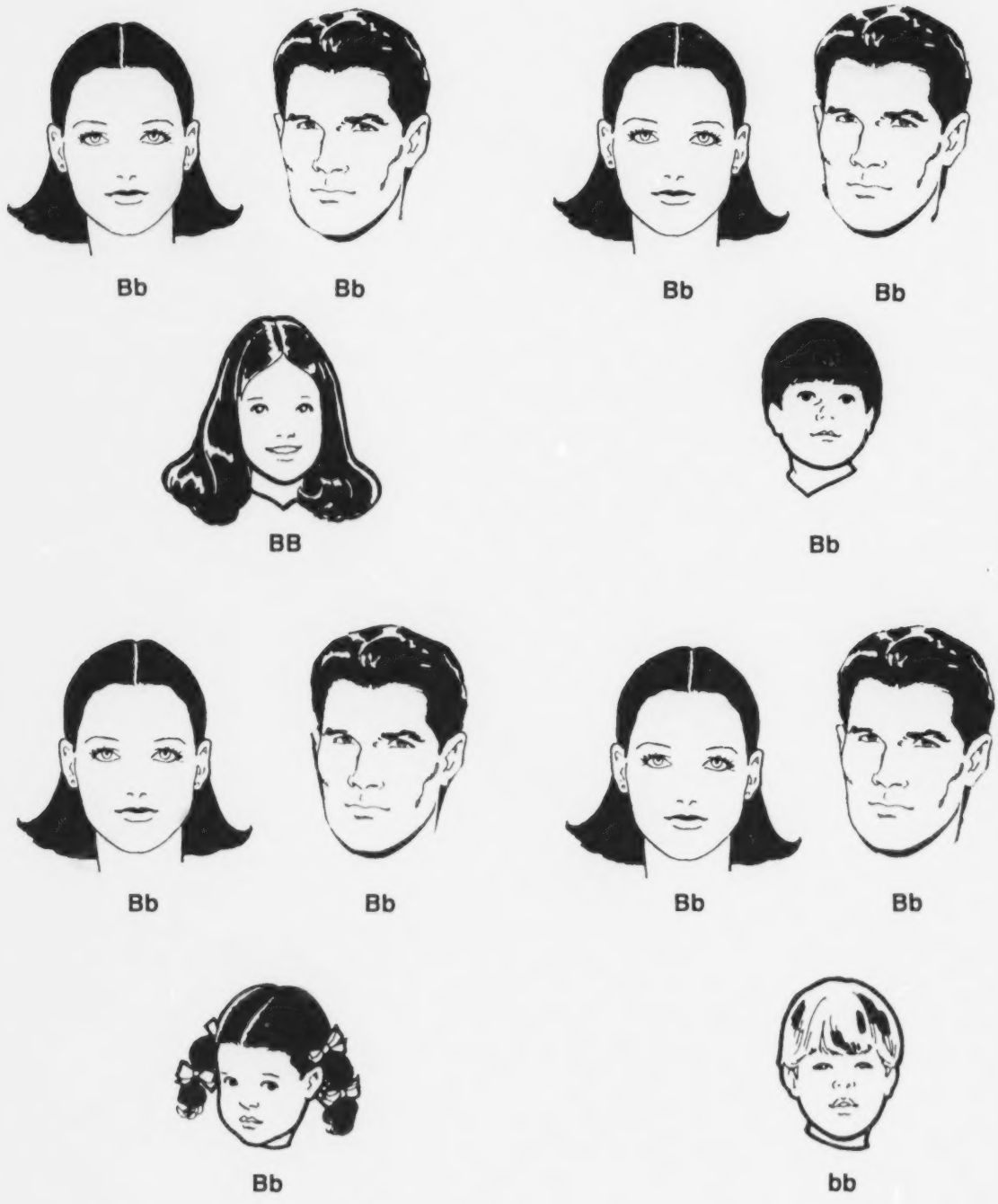


Figure 3.2



b = blond hair gene (recessive)

B = black hair gene (dominant)

Figure 3.3

Multiple Births

Women who are fraternal twins may be twice as likely to conceive twins as other women. Age, race, heredity, and the number of children a woman has already had are all factors in determining the chances of having fraternal twins. The chances of conceiving identical twins do not seem to be affected by these factors.

gene. He or she may be a carrier of the characteristic of the recessive gene. See figure 3.3 for an illustration of how genes are passed to the offspring.

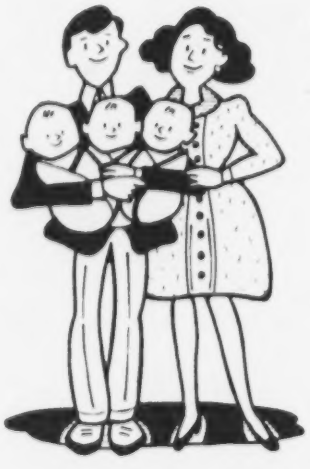
MULTIPLE BIRTHS

A ***multiple birth*** can be the birth of two or more infants at the same time such as twins, triplets, and quadruplets. Conception of more than one infant can occur in two ways.

If the infants are ***identical***, they must come from a single fertilized egg in order to contain the same genetic material. It is the same genetic material that makes the infants identical. When a sperm and egg meet, a zygote is formed. A ***zygote*** is a fertilized cell that develops into a human being. The zygote undergoes rapid cell division shortly after conception to form a mass of cells. If the mass splits into two or more pieces, each piece will develop into a separate individual. When the infants develop from one egg, they always will be the same gender.

The second way a multiple birth can occur is when more than one egg is fertilized. Multiple births that occur due to the fertilization of more than one egg are known as ***fraternal***. Occasionally, an ovary releases more than one egg. It is possible for more than one of these eggs to be fertilized by different sperm. When this happens, each resulting zygote contains separate and unique genetic material because each sperm and each egg contain different combinations of genetic material. The result of this type of conception is a multiple birth in which the infants are not identical and are no more alike than brothers and sisters born at different times. These infants may or may not be the same gender. Figure 3.4 illustrates the differences between identical and fraternal twins.

Many times, multiple births occur as a result of medication that is taken to help a couple conceive. When a couple has difficulty achieving pregnancy, they may consult a physician to determine why conception is not taking place. ***Infertility*** is the term used to refer to problems with conceiving. ***Infertility drugs*** are medications that can be taken for various conditions associated with infertility. When the woman is not releasing eggs, special infertility drugs can be taken to stimulate the ovaries to release eggs. The ovaries may release several eggs at once when infertility drugs are taken. When this happens, several eggs can be fertilized, resulting in a multiple pregnancy.



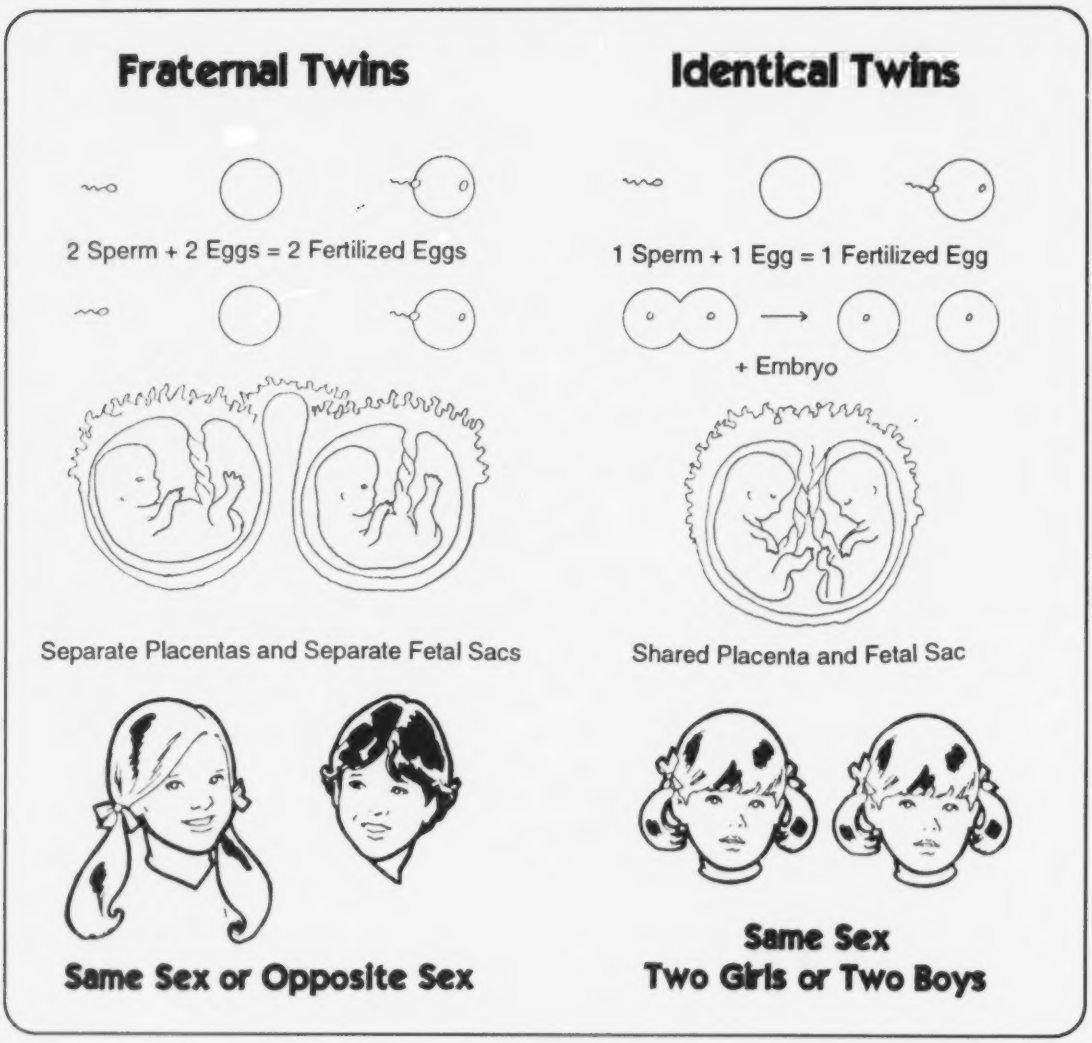

Fraternal Twins
Identical Twins
2 Sperm + 2 Eggs = 2 Fertilized Eggs
1 Sperm + 1 Egg = 1 Fertilized Egg
+ Embryo
Separate Placentas and Separate Fetal Sacs
Shared Placenta and Fetal Sac
Same Sex or Opposite Sex
Same Sex
Two Girls or Two Boys

Figure 3.4

GENETIC DEFECTS

Many times, two people who are planning to become parents both have family histories of an inherited disorder or defect. Defects that are passed to offspring on the genes are known as ***genetic defects***. Both parents may be carriers of a genetic defect. A ***carrier*** is a person who can pass a recessive gene for a defect to offspring without having any symptoms of the defect. The parents often do not know that they are carriers of a defect. When this is the case, both parents can pass the recessive gene to their child, and the child will inherit the defect or disorder even though the parents do not show the disorder or defect. When an offspring inherits a defect from two recessive genes, it is known as ***recessive inheritance***.

Dominant inheritance is possible if only one of the parents carries a dominant gene for a defect and the gene is passed to the offspring. Many dominant inherited diseases are not severe, may not appear until later in life, and may not affect the inflicted person's ability to

reproduce. Since the gene is dominant, both parents do not have to carry the gene for the defect. The dominant gene will take precedence over the recessive gene from the other parent. Although some dominant defects are mild, it is important to understand that other dominant defects can be quite serious.

Many inherited diseases affect children from birth while others do not appear until later childhood or adulthood. Some of the most common genetic defects include the following:

- ***Cystic fibrosis*** involves functional defects of the respiratory and digestive systems. This disease can be detected before birth or at birth and is often fatal before the afflicted persons reach adulthood.
- ***Glaucoma*** is an eye disease that impairs the vision and can gradually cause blindness. This defect usually does not become evident until the third decade of life.
- ***Diabetes mellitus*** is a form of diabetes that is characterized by an insufficient amount of insulin and an excess of sugar in the urine and blood. Symptoms of this disease include thirst, hunger, tiredness, and gradual weight loss. This disease can appear during childhood or later in life.
- ***Sickle-cell anemia*** is a blood defect characterized by malformed red blood cells that interfere with the body's oxygen supply. Symptoms of sickle-cell anemia include tiredness, pain, and lack of appetite. This defect can lead to an early death.
- ***Tay-Sachs disease*** is caused by the inability of the body to metabolize fats. This inability is due to the lack of a chemical in the blood necessary for this process. This disease causes severe brain damage and death usually before the age of three.
- ***Phenylketonuria (PKU)*** is a defect in which the body is unable to metabolize a specific protein. This disease can result in mental retardation, but the ability to diagnose this defect at birth can lessen the effects. Placing the affected infant on a special diet can lessen or prevent brain damage.
- ***Muscular dystrophy*** involves the progressive deterioration of the muscles beginning between the ages of two and six. The muscles shrink and weaken. Death before adulthood is likely.
- ***Huntington's disease*** is a brain defect that causes nerve cells to waste away. This disease does not usually appear until the ages of thirty-five to fifty. Characteristics of Huntington's disease are moodiness, paranoia, uncontrollable facial movements, jerky body movements, and mental impairment.
- ***Hemophilia*** is a blood disease that usually affects only males. It reduces the blood's ability to clot, thus causing severe bleeding when an injury occurs. This disease is apparent and detectable even before birth. There is no known cure, but the symptoms can be treated with medication and blood transfusions.
- ***Spina bifida*** is an incompletely formed spinal cord. Partial but permanent paralysis is the result of this spinal cord defect. Diagnosis is possible at or before birth. Corrective surgery and physical therapy along with special education can help minimize any handicaps caused by the disease.
- ***Hydrocephalus*** is a defect that often accompanies spina bifida. Characterized by an excessive amount of fluid surrounding the brain, this defect can cause permanent brain damage. It is diagnosed along with spina bifida and can be controlled through surgery shortly after birth.
- ***Thalassemia*** or Cooley's anemia is a blood defect characterized by the body's inability to produce enough hemoglobin. ***Hemoglobin*** is the substance found in red blood cells that transports oxygen through the body. This defect can be detected before birth through tests called amniocentesis or chorionic villi sampling. Although there is no known cure, thalassemia can be treated with blood transfusions and medication.

In addition to dominant and recessive inheritance, other defects are determined by X-linked inheritance. ***X-linked inheritance*** occurs when a defect is passed to an offspring on the X chromosome. While females or males can be carriers of these defects and can pass them on to offspring, only the males usually are affected by the defect. This is due to the fact that males

only receive one X chromosome along with a Y chromosome instead of two X chromosomes as are found in females. Because males have only one X chromosome, the traits carried on it automatically will be evident. The Y chromosome does not carry any similar genes for traits to counteract the genes on the X chromosome. Therefore, even recessive characteristics will appear. The male cannot transfer the gene to a son because the male must transfer a Y chromosome in order to produce a male offspring. In order for the female to be affected by the defect, she would have to receive the genes for the defect from the mother and the father since she has two X chromosomes. Because it is a rare occurrence for the mother and the father to both carry the gene for a sex-linked trait, most females are only carriers who show no signs of the defect. Color blindness is an example of a sex-linked defect.

Rh Incompatibility

The ***Rh factor*** pertains to whether or not the surface of a person's red blood cells contains certain protein molecules. If the protein molecules are present, the person is ***Rh positive***. If the molecules are absent, the person is ***Rh negative***. The presence or absence of these molecules is determined by heredity. The Rh factor does not affect a person's health except in the case of a fetus or newborn that is affected by Rh incompatibility.

About 85 percent of the population of the United States is Rh positive while only 15 percent of the population is Rh negative. The Rh factor is harmful only when the mother is Rh negative, the father is Rh positive, and the fetus is Rh positive. When the mother's blood is Rh negative and the fetus' blood is Rh positive, they have ***Rh incompatibility***.

Although blood cells from the fetus do not normally flow into the mother's bloodstream during the pregnancy, it is possible for small leaks to occur before birth. It is more common for the blood cells to flow into the mother's bloodstream during birth. When the blood cells of an Rh positive infant flow into the bloodstream of the Rh negative mother, the mother's body begins producing antibodies (substances produced by the body that attack matter that is foreign to the body) to fight the protein molecules that are on the infant's red blood cells. If the infant's blood is Rh negative, there are no protein molecules for the mother's body to attack. Therefore, only Rh positive infants are affected by Rh negative mothers. If the mother's blood and the infant's blood have the same Rh factor, there is no problem because their blood is compatible.

The antibodies produced by the mother's system pass through the placenta and harm the Rh positive infant. The severity of Rh incompatibility worsens with each pregnancy. However, an Rh negative woman can be injected with a vaccine called ***Rh immune globulin*** that will prevent her from developing antibodies against Rh positive cells. Therefore, later pregnancies will not be affected by Rh incompatibility. It has become a common practice for all Rh negative women to receive an injection during the twenty-eighth week of pregnancy in case any fetal blood has entered the mother's bloodstream.

If an Rh negative mother does not receive a vaccine and develops antibodies, the infant can be affected several ways. First, an early delivery may be necessary to preserve the baby's life. The longer the infant is in the uterus, the more time the mother's body has to attack the infant's blood supply. However, the baby's lungs must be developed enough to sustain life outside of the womb. In order to help the fetus develop as fully as possible before an early delivery must be performed, a blood transfusion can be given to the infant while still in the womb. The transfusion gives the fetus a healthy blood supply to help her or him survive in the womb for a longer period of time. An infant can die in the womb due to severe anemia caused

by the Rh incompatibility. ***Anemia*** is a condition in which oxygen-transporting substances in the blood are not as abundant as they should be, thus causing weakness and poor health.

After birth, an infant affected by Rh incompatibility may suffer severe anemia and ***jaundice***, which is a yellowing of the skin, eyeballs, and urine caused by large amounts of bile pigment (a fluid secreted from the liver) in the blood. The infant may need a blood transfusion shortly after birth to replace the weak, unhealthy blood caused by these conditions.

During a woman's first pregnancy, the fetus is not in danger from the Rh incompatibility unless some Rh positive cells leak into the mother's system during the pregnancy. If the Rh positive cells entered the mother's bloodstream during birth, only her future pregnancies would be affected.

Genetic Counseling

Anyone with a family history of a genetic defect should seek genetic counseling about the health of future and existing offspring. ***Genetic counseling*** is professional, scientific advice about heredity and the risks of genetic defects occurring in offspring. Genetic counseling usually is done by a physician or nurse with special training in genetics or by a trained genetic counselor. In order to determine the risks of genetic defects occurring in offspring, counselors study information about the family's health history and perform laboratory tests. Counselors can determine if a child's defect was inherited or caused by other factors, and they can offer advice on how to care for a child with a birth defect.

CHROMOSOMAL ERRORS

In some instances, a chromosomal error can occur during conception. A ***chromosomal error*** occurs when the fertilized egg has missing or extra chromosomes or when the arrangement or structure of the chromosomes is abnormal. Chromosomal errors can cause the infant to develop abnormally. The causes of chromosomal errors are not certain. Environmental conditions may play a part in chromosomal errors. However, chromosomal errors may occur randomly for no apparent reason.

One of the most common forms of chromosomal error is Down's syndrome. ***Down's syndrome*** is caused by an extra chromosome in the twenty-first pair. Figure 3.5 shows the chromosomes of a person with Down's syndrome. Because of this extra chromosome, a person born with Down's syndrome has characteristic facial features, short limbs, a large tongue, slanting eyes, varying degrees of mental retardation, and internal defects of the heart and other organs.

Figure 3.5

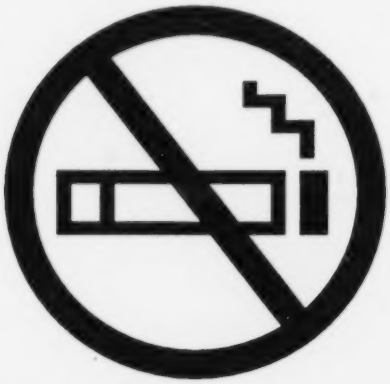
When a chromosomal error occurs, it is not likely that the error will occur again if other children are conceived by the same parents. However, in about 3 percent of the cases of chromosomal error, the error is due to an inherited defect. In these cases, counseling should be sought to determine the effect on future children. Many pregnancies in which a chromosomal error has occurred end in miscarriage because the fetus is not able to survive.

ENVIRONMENT AND HEALTH

The ***environment*** is all of the surrounding conditions that influence development and growth. A fetus' environment includes the conditions inside the uterus and the outside environment of the mother. When the environment affects the mother, it usually affects the fetus' environment as well. The environment affects the fetus throughout the pregnancy. After an infant is born, his or her inherited potential continues to be affected by the environment. The environment can affect inherited potential through education, shelter, health, economics, and other factors.

While parents have control over some environmental factors, they cannot control and may not even be aware of other environmental factors. Therefore, it is important for expectant parents to understand what can be done to ensure the best developmental conditions for the infant.

An expectant mother has much control over the substances that enter her body. While some substances are needed for the development of the fetus, other substances and conditions can be quite harmful to the fetus.



Cigarette Smoke

Smoking is one of the most common causes of low birth weight for infants. Low birth weight can lead to other health problems and learning disabilities after birth. Women who smoke suffer more miscarriages than do nonsmoking women. Smoking also is associated with stillbirth (infant born dead) and neonatal death (infant dies after birth). Smoking also may affect the circulatory system of the fetus and slow the fetal heart rate.

Secondhand smoke is smoke that a person may inhale from the cigarette someone else is smoking. When a pregnant women breathes secondhand smoke, the smoke is believed to affect the fetus in similar ways as smoke that is inhaled when the mother actually smokes cigarettes.

In addition to the problems encountered at birth, children of smokers may suffer long-term effects as well. These children may experience respiratory illness more often and have slower mental and physical growth than children of nonsmokers. Smokers' children also may suffer hyperactivity along with emotional and behavioral problems.

If a woman smokes, she should stop when she discovers that she is pregnant. If she is subject to a significant amount of secondhand smoke, she should make arrangements to change her activities in order to preserve the health of the infant.

Alcohol Consumption

Heavy consumption of alcoholic beverages by a pregnant woman can be devastating to the development of an unborn infant. ***Fetal alcohol syndrome*** is the term used to describe the physical and mental defects suffered by some children who were exposed to considerable amounts of alcohol while in the uterus. However, fetal alcohol syndrome has occurred in children whose mothers claimed to be only moderate drinkers.

Not only can alcohol consumption by a pregnant woman cause miscarriage and stillbirth, it can cause birth defects such as low birth weight, small head, irregular facial features, heart defects, and abnormalities of the arms and legs. Children with fetal alcohol syndrome can be mentally retarded, have

behavioral problems, and have short attention spans. The effects of fetal alcohol syndrome can last a lifetime. No cure has been found.

Not all infants born to mothers who drank alcoholic beverages during pregnancy have fetal alcohol syndrome. Some infants only show a few of the symptoms. When this is the case, the problem is referred to as ***alcohol related birth defects***.

Research has shown that alcohol consumption can temporarily stop circulation to the fetus. Therefore, the infant is deprived of oxygen. This deprivation can cause brain damage. Since it has not yet been determined what levels of alcohol consumption might be safe, it is best to end consumption completely during pregnancy.

Caffeine Intake

Caffeine is a substance that stimulates the circulatory, respiratory, and central nervous systems. Caffeine originally was derived from plants, but it now can be manufactured with chemicals. While the effects of a small amount of caffeine on a fetus' development are not certain, it is known that large amounts of caffeine can increase the risk of birth defects. Therefore, it is best to avoid caffeine during pregnancy. Substances that contain caffeine are coffee, soda, tea, and chocolate.

X-Rays

X-rays emit radiation that can damage an fetus during pregnancy. Therefore, x-rays of the abdomen, pelvis, or back should be avoided. New x-ray techniques protect the abdomen with a lead apron making it safe to x-ray the head, chest, arms, legs, and teeth during pregnancy.

Drug Use

No type of drug should be taken during pregnancy unless it has been prescribed or approved by a physician who is aware of the pregnancy. Many drugs can have harmful effects on the fetus.

Prescription and Over-the-Counter Medications. If an expectant mother is taking any medications, she should consult her physician at the first prenatal visit. Many medications can pass through the placenta into the infant's system or cause complications with the pregnancy. While some medications are safe, others can have minor to major effects on the fetus. A physician can explain to an expectant mother what is safe during pregnancy. Even substances such as vitamins, antacids, aspirin, and laxatives can be harmful during pregnancy.

Illegal Drugs. Consumption of illegal drugs is harmful, especially during pregnancy. Research shows that users of illegal drugs have premature births more often than mothers who do not use drugs. Since most illegal drugs are addicting, the infant can become physically addicted even before birth. After birth, an addicted infant must go through withdrawal, which can cause pain, serious illness, and harm to the infant's system. Sometimes, withdrawal can cause an infant to lapse into a coma and die.

Since most illegal drug users neglect their health, their infants are more likely to have health problems and low birth weight. Some drugs themselves cause health problems. Marijuana has been associated with chromosomal damage in the reproductive cells of males and females, which can cause future offspring to inherit these chromosomal abnormalities. All forms of cocaine, including crack, can restrict the flow of oxygen and nutrients to the fetus, thus causing problems after birth such as hyperactivity, memory problems, mood swings, and the inability to organize thoughts. Cocaine

can cause serious bleeding in late pregnancy that can lead to complications. Cocaine also may be associated with malformations of the kidneys and genitals and brain damage due to the bursting of blood vessels that can result from cocaine use.

Heroin is a very dangerous, addictive drug. Women addicted to heroin tend to have more complications with delivery. Infants born to heroin addicts have greater risk of addiction than any infants of mothers taking other drugs.

Since all of the effects of drug use on fetal development are not yet known, many other problems may arise from drug use that may not be expected. Therefore, expectant mothers should not take illegal drugs and should seek help if they have an addiction problem. Drug use also may be linked to genetic abnormalities in the reproductive cells of male and female users. These abnormalities could be passed to offspring. Thus, all drug use should be avoided whether a person is pregnant or not.

Illness

During certain stages of prenatal development, some illnesses can have a great impact on the development of the fetus. While some of these illnesses may seem harmless to the mother, they do irreparable damage to the fetus.

One of the most damaging illnesses is German measles or rubella. ***German measles*** is usually mild for the mother, characterized by a fever and a mild, itchy rash. If an expectant mother contracts this disease during the first ten weeks of pregnancy, the infant can develop defects such as cataracts, deafness, central nervous system damage, heart defects, and hernias. If a woman contracts the disease later in pregnancy, the unborn infant will not develop defects but can be born with the virus, thus causing serious illness that is dangerous to newborns. Many infants who are exposed to the virus in later pregnancy develop diabetes.

An immunization for German measles is available. Anyone who is considering pregnancy should discuss immunization with a physician. The immunization should be received before conception occurs.

Chickenpox is a highly contagious virus that is characterized by a red, itchy rash. Chickenpox can be quite serious if the mother is infected during pregnancy. The fetus can be affected by the virus when the mother has chickenpox during pregnancy. A fetus exposed to chickenpox may develop skin lesions common with the disease. If the infant is not born soon after the chickenpox exposure, the lesions will heal and the infant will not have any skin blemishes at birth.

If the infant is exposed to the disease shortly before birth, the infant can be born without receiving the antibodies for the virus from the mother. The infant may die due to complications from the disease if a shot of varicella-zoster immune globulin is not received immediately after birth.

Hepatitis B is a virus that infects the liver. This virus can be transmitted through the exchange of bodily fluids such as during sexual intercourse, blood transfusions, and using or being stuck by needles that have been used by an infected person. Hepatitis B can cause liver failure and premature birth. The hepatitis B virus can be passed to the infant through the placenta from an infected mother, or a newborn can contract the virus through breast-feeding from an infected mother. If an expectant mother carries the hepatitis B virus, the infant will be given an injection of antibodies shortly after birth.

Toxoplasmosis is a disease that is caused by contact with a parasite that is found in infected undercooked meat and in infected cat feces. This disease can be passed through the placenta to the fetus by an infected mother.

Although toxoplasmosis is characterized by muscle pain and fatigue, some women have no symptoms. The infection can be treated with medication. But, if the disease is contracted early in pregnancy, a miscarriage may occur.

Many infants who are exposed to toxoplasmosis before birth will not be infected with the disease. However, an infant that is born with toxoplasmosis often only has minor symptoms. In a small percentage of cases, infants born with toxoplasmosis may develop partial blindness along with neurological problems. Of these cases, a small number will die from the disease.

To prevent this risk, pregnant women should not handle cats or litter boxes unless the cats have been tested and do not carry the toxoplasma gondii parasite. All meat should be thoroughly cooked before consumption by an expectant mother.

Another infectious disease that can be passed from the mother to the fetus is group B streptococcal infection. ***Group B streptococcal infection*** is caused by group B streptococci bacteria that are present in the woman's vagina. While many infants may be born with the bacteria, only two or three in 1,000 will develop infection.

If infection is present, the infant usually shows symptoms within forty-eight hours after delivery. These symptoms include shock and respiratory problems. On occasion, an infant will not show any symptoms until one week after birth. When this is the case, the symptoms are similar to those of meningitis including fever, vomiting, headache, confusion or drowsiness, and a stiff neck. Even though antibiotics can be used to fight the infection, many infants who suffer from group B streptococcal infection die.

Sexually Transmitted Diseases

Several sexually transmitted diseases can be passed to the fetus of an infected mother. ***Sexually transmitted diseases*** are illnesses or infections that are spread through sexual contact. Sexually transmitted diseases are commonly referred to as STDs. These diseases include gonorrhea, syphilis, genital herpes, chlamydia, papilloma, and AIDS.

Gonorrhea. Gonorrhea is a disease that is passed to the infant in the birth canal. Before birth, the disease can be treated with antibiotics and will not be passed to the infant. If an infant is infected with gonorrhea during birth, the infant's eyes can be damaged. Therefore, all infants are treated immediately after birth with an antibiotic ointment that is placed under the infant's eyelids.

Abstinence is the only 100 percent effective method of protection from sexually transmitted diseases.

Syphilis. Syphilis is a very serious disease that can be passed to the fetus. The law requires that all pregnant women be tested for syphilis during their first prenatal visit. If a woman is found to have syphilis, it can be treated with penicillin. Syphilis can cause deformities or death of the fetus. After birth, if the infant tests positive for syphilis, treatment is begun immediately.

Genital Herpes. Genital herpes is an incurable disease that is thought to infect an infant in the birth canal. An infant infected with genital herpes may suffer serious damage to the eyes and central nervous system. In some instances, death may occur.

Genital herpes is thought only to be contagious when an outbreak is present. An outbreak involves blisters on the genitals, upper vagina, or cervix. Tests can be performed on an expect-

ant mother to determine if she has any active lesions. If active lesions are present shortly before the delivery date, the physician will schedule a caesarean delivery in order to protect the infant from the disease. When the infant is delivered by caesarean, he or she should not have any herpes-related problems.

Chlamydia. Chlamydial infections are caused by the bacteria Chlamydia trachomatis. This bacteria can enter the infant's eyes during birth and usually causes an eye infection known as ***conjunctivitis*** or pink eye. Symptoms of this eye infection usually appear during the second week after birth. The infection can be treated with an antibiotic, and no damaging, long-term effects will occur. Chlamydial pneumonia also can occur in the newborn as a result of this bacteria.

In developing countries such as Africa and India, chlamydial bacteria can cause serious eye infections and blindness. Chlamydia trachomatis is one of the leading causes of blindness worldwide due to inadequate health care and lack of medication in many countries.

Papilloma. Papilloma is more commonly known as venereal warts. They are caused by a virus and are highly contagious through sexual contact. Pregnant women are more susceptible to this virus, and the warts may grow faster during pregnancy. In some instances, the warts may become large enough to hinder the infant's passage through the birth canal. When this is the case, a caesarean is necessary to ensure the safe delivery of the infant. Other than interfering with the size of the birth canal, papilloma does not have any adverse effects on the infant.

AIDS. Acquired immune deficiency syndrome is known as AIDS. AIDS is a deadly disease with no known cure. AIDS is caused by a virus known as human immunodeficiency virus (HIV). A person can have the HIV virus for many years without being aware that it is present. A pregnant woman who has the virus can pass the deadly disease to her offspring during pregnancy or childbirth. Infants born with the AIDS virus normally live for only a few years. AIDS affects the immune system and makes it difficult for the body to fight infection and disease. These infections or diseases that the immune system cannot fight usually are the causes of death for most people with AIDS.

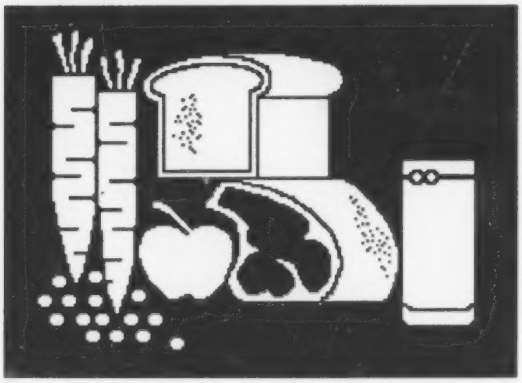
AIDS

One out of every five people diagnosed with AIDS is in his or her twenties. Since it can take years for symptoms of AIDS to show up, many of these people probably contracted AIDS while in their teens. AIDS is not curable, but people can prevent its spread through education about safe behavior and accurate information about how AIDS is spread.

Nutrition

One of the most important factors in prenatal development is nutrition. Not only is nutrition important during pregnancy but also long before pregnancy takes place. The nutrition of a female during the years before pregnancy can have a great impact on a future pregnancy and development of the fetus. Poor nutrition during pregnancy can cause miscarriage, stillbirth, death during the first few days after birth, poor health, low birth weight, mental retardation, and birth defects.

During pregnancy, an expectant mother not only needs adequate nutrients for her own health, but she also needs additional nutrients for the growth and development of the fetus. Along with the need for additional nutrients is a



need for additional energy or calories. While only 15 percent more calories are needed, nutrient needs are much greater. Therefore, a pregnant woman should choose food that is nutritious while low in calories so that she does not consume too many calories. A pregnant woman usually needs about 1,800 to 2,200 calories each day. If too many calories are consumed in order to meet nutritional needs, weight gain can be more than is recommended. Most physicians recommend a weight gain of twenty-two to thirty pounds. Any additional weight gain, just as too little weight gain, can cause problems during pregnancy and delivery.

The four food groups consist of the milk and dairy group, the protein group, the fruits and vegetables group, and the bread and cereals group. Each of these food groups serves the expectant mother in special ways.

Milk and Dairy Group. Milk and dairy products such as cheese and yogurt contain calcium that helps form the infant's bones. Vitamins A and D also are found in this food group as well as riboflavin and protein. A pregnant woman should have four servings from this group each day.

Protein Group. Protein can be found in foods such as meat, fish, poultry, eggs, peanut butter, beans, and cheese. Protein is needed to help develop muscle and tissue. Three or more servings of protein are necessary each day for healthy prenatal development. This group also supplies iron, vitamin C, thiamin, niacin, riboflavin, folic acid, and other B vitamins.

Fruits and Vegetables Group. Four servings of fruits and vegetables eaten every day is essential to the early development of the fetus. Prenatal growth occurs due to cell division. Folic acid is an ingredient that is necessary for cell division to take place. Folic acid is found in leafy green vegetables as well as in liver and legumes. Fruits and vegetables are also good sources of vitamins A, C, E, and K.

Breads and Cereals Group. Breads and cereals are known as grain products. During pregnancy, four or more servings per day are adequate. Whole grain products are good sources of fiber. Indigestible fiber is helpful in relieving constipation, which is a common problem during pregnancy. Riboflavin, thiamin, niacin, folic acid, pantothenic acid, iron, and carbohydrates also are found in whole grain products.

Foods	Adult Female	Pregnant Adult Female	Adolescent Female	Pregnant Adolescent Female
Milk and Dairy Foods	2 to 3 servings	4 or more servings	4 or more servings	5 or more servings
Protein Foods	2 to 3 servings	3 or more servings	2 to 3 servings	3 or more servings
Fruits and Vegetables	4 servings	4 or more servings	4 servings	4 or more servings
Breads and Cereals	4 servings	4 or more servings	4 servings	5 or more servings

Table 3.1

Water. All people, including pregnant women, should drink six to eight glasses of water each day. Water is the main transportation system for nutrients, and it is the most abundant substance in the body. Water helps dissolve food that is eaten so that the nutrition can be used by the fetus and the mother. When the food is dissolved, water can carry the nutrients to the cells that use them. After the cells receive the nutrients, water carries waste products away from the cells to the intestine where they can be eliminated from the body.

Nutritional Requirements during Pregnancy. A pregnant woman should eat well-balanced meals containing foods from all of the food groups. Table 3.1 compares the daily dietary requirements of women and adolescents who are not pregnant to women and adolescents who are pregnant.

Substances to Avoid. While there are many foods an expectant mother should eat, some foods and drinks should be avoided during pregnancy. Generally, pregnant women should avoid foods such as pies, cakes, candy, chips, chocolate, butter, fried foods, and any other food that contains high concentrations of sugar or fat. These foods are usually high in calories while providing no substantial contribution to the nutrient needs of the mother and fetus. Beverages such as soft drinks, coffee, and tea should be avoided because they contain caffeine and are not good sources of nutrients.

PRENATAL HEALTH CARE

As soon as a woman suspects she is pregnant, she should see a physician to begin prenatal care as early as possible. Prenatal care is the most important factor in the development of the fetus.

Visiting a Physician

At the first prenatal visit, the expectant parents will complete a form on family health history and the mother's health history. This helps the physician determine any problems that may arise. The physician also needs information about the mother's menstrual history in order to determine an expected date of birth. The expected date of birth is calculated by one of the methods discussed in chapter 2.

After the expectant parents complete medical history forms, the physician gives the mother a complete physical including a pelvic exam. Another pelvic exam usually is not necessary until the last weeks of pregnancy unless complications arise. The examination may include evaluation of blood pressure, weight, lungs, pelvis, abdomen, breasts, feet, teeth, and urine and blood tests.

After the examination, the physician discusses the pregnancy with the expectant parents, including advice on the mother's nutrition, exercise, and appropriate weight gain. The physician may inform the mother about potential problems such as severe cramping and vaginal bleeding.

After the initial visit, the expectant parents visit the physician once a month for the first seven months of the pregnancy. During the eighth month, the parents see the physician twice. Then, the parents visit the physician weekly until the infant is born.

Throughout the pregnancy, the physician checks the mother's blood pressure, weight, and urine. The physician also wants to know what the expectant mother has been experiencing and what changes have taken place. Expectant parents should ask as many questions as they need to during the pregnancy. During the time between visits with the physician, they should write down any questions they may have in order to remember them at the next appointment.

It is important that the expectant parents feel comfortable with the health care provider they have chosen. Several types of professionals can fulfill the medical needs of a pregnant woman. These types of professionals include a gynecologist, an obstetrician, a general practitioner, and a nurse-midwife.

Gynecologist. A ***gynecologist*** is a doctor who specializes in the health and care of the female reproductive organs. Gynecologists perform pelvic and breast exams necessary for the detection of cancer. Gynecologists may be trained in obstetrics in order to continue caring for their pregnant patients or they may refer their pregnant patients to health care providers who specialize in pregnancy.

Obstetrician. An ***obstetrician*** is a doctor whose specialty is in the area of delivering infants and providing care for the mother before, during, and after childbirth. Many obstetricians also are gynecologists.

General Practitioner. A ***general practitioner*** is a doctor who provides many kinds of care for all kinds of people, not just pregnant women. A general practitioner may consult a gynecologist or obstetrician if problems arise or if assistance is needed. A general practitioner also can refer pregnant patients to a more specialized doctor if the pregnant woman desires.

Nurse-Midwife. A ***nurse-midwife*** is a registered nurse that has been trained in obstetrics and prenatal care. A nurse-midwife must be certified in order to practice. A nurse-midwife is capable of performing normal deliveries in which no problems arise. Many nurse-midwives are allowed to use hospital facilities for deliveries. Other nurse-midwives perform in-home deliveries.

Topics expectant parents may want to discuss with the health care provider include dental care, hygiene, rest, exercise, and travel. Refer to chapter 2 for information regarding exercise during pregnancy.

Dental Care

During pregnancy, good dental hygiene should be practiced daily. When a woman finds out that she is pregnant, she should visit her dentist as soon as possible to check for tooth decay, gum disease, or any other dental problems. Before the dentist takes any X-rays or administers anesthetics or pain relievers, he or she should be informed of the pregnancy in order to prevent harm to the fetus.

Hygiene

Good hygiene is just as important during pregnancy as always. One concern for expectant mothers is bathing. When using a bath or shower, it should have a nonslip surface to prevent slips and falls that can occur on wet, slick surfaces. Since an expectant mother's balance can be off due to her size increase, care must be taken when getting in and out of the tub and shower. During the last month of the pregnancy, showers or sponge baths may be preferred over tub baths to avoid the risk of falling. An expectant mother should abstain from long soaks in a hot bath or hot tub. When the body temperature is raised above 102°F, abnormalities can occur in the development of the fetus.

Rest

In the early months of pregnancy, fatigue can be common due to the extra work the body must do to support the developing infant. Many women require more sleep than usual in order to feel rested. Some women find that a short nap during the day gives them the added rest they need in order to feel refreshed. If she feels tired, an expectant mother should get extra rest for her health as well as the baby's.

Travel

Travel is usually safe during pregnancy. It does not harm the fetus or cause miscarriage or premature labor. However, if planning a trip, a pregnant woman should anticipate how she is going to feel. If a woman is experiencing morning sickness, travel may make the condition worse.

Travel should be avoided if it is planned for a date close to the due date. Many physicians advise against traveling during the last weeks of pregnancy, and many airlines do not permit women close to their due dates to travel by airplane.

If a pregnant woman does decide to travel by airplane or bus, she should get up from her seat and walk around every two hours. If traveling in a car, she should stop the vehicle and get out and walk around. A seat belt should always be worn. The lap belt should be positioned below the uterus and the shoulder harness should fit between the breasts and to the side of the abdomen.

Summary

- Heredity is the transfer of characteristics from parents to their offspring.
- Chromosomes are tightly coiled structures that contain the genetic information that determine a person's characteristics. While chromosomes are found in the nucleus of all cells, the reproductive cells (egg and sperm) contain the chromosomes that are passed on to the offspring. Genes are smaller units of heredity information that are located on the chromosomes.
- Identical infants originate as one egg fertilized by one sperm. Identical infants have the exact same genetic material.
- Fraternal infants originate from two or more eggs that were each fertilized by a separate sperm. Fraternal infants have different genetic material.
- Genetic defects are passed to the offspring on the genes. Genetic defects can be recessive, dominant, or X-linked.
- Genetic counseling is professional, scientific advice about heredity and the risks of genetic defects occurring in offspring. Anyone with a family history of a genetic defect should seek genetic counseling about the health of future and existing offspring.
- A chromosomal error is an error in chromosome arrangement that occurs during conception. There may be extra or missing chromosomes or the arrangements or structures may be abnormal. In only 3 percent of cases the chromosomal error is due to an inherited defect.
- The environment is all of the surrounding conditions that influence development and growth. Many environmental factors can have a harmful effect on the infant. These factors include cigarette smoke, alcohol consumption, caffeine intake, x-rays, drug use, illness, and poor nutrition.
- As soon as a woman suspects she is pregnant, she should see a physician. Regular visits should be planned throughout the pregnancy.
- For prenatal care, expectant parents may choose from gynecologists, obstetricians, general practitioners, or nurse-midwives.
- Topics expectant parents may want to discuss with the health care provider include dental care, hygiene, rest, exercise, and travel.

Vocabulary

alcohol related birth defects
anemia
caffeine
carrier
chickenpox
chromosomal error
chromosomes
conjunctivitis
cystic fibrosis
diabetes mellitus
dominant gene
dominant inheritance
Down's syndrome
environment
fetal alcohol syndrome
fraternal
gender
general practitioner
genes
genetic counseling
genetic defects
German measles
glaucoma
group B streptococcal infection
gynecologist
hemoglobin
hemophilia
hepatitis B
heredity
Huntington's disease
hydrocephalus
identical
infertility
infertility drugs
jaundice
multiple birth
muscular dystrophy
nurse-midwife
obstetrician
phenylketonuria (PKU)
recessive gene
recessive inheritance
Rh factor
Rh immune globulin
Rh incompatibility
Rh negative
Rh positive
secondhand smoke
sexually transmitted diseases
sickle-cell anemia
spina bifida
Tay-Sachs disease
thalassemia
toxoplasmosis
X-linked inheritance
zygote

Review

1. What is heredity?

2. How does heredity determine the characteristics a person will have?

3. What are the ways multiple births can occur?

4. What are some inherited genetic defects, and how do they occur?

5. Explain the Rh factor including the difference between Rh negative and Rh positive.

6. How does Rh incompatibility affect an infant?

7. How can genetic counseling help parents?

8. What is a chromosomal error?

9. Explain how different environmental factors influence prenatal development.

10. List illnesses and explain their impact on prenatal development. Include sexually transmitted diseases.

11. What are the nutritional requirements of the expectant mother during pregnancy?

12. Explain the procedures that will be performed at the first prenatal visit.

13. What health care professionals are available to care for the needs of pregnant women?

14. What are some of the topics expectant parents might want to discuss with the health care provider?

Critical Thinking

Compile a family tree including medical histories to determine if any genetic defects are present in your family. Investigate community resources for genetic counseling if you feel your family may be at risk for these defects. Would you seek genetic counseling? What are reasons for and against genetic counseling?

Research Rh incompatibility. Why is Rh incompatibility only a problem when the mother is Rh negative and the infant is Rh positive? What effects would the Rh factor have if the mother was Rh positive and the infant Rh negative? What, if any, methods are being researched and developed to combat the problem of Rh incompatibility?

4

Birth and the Neonate

ESSENTIAL ELEMENT

- Identify neonatal care essential to the well-being of the child.(e2C)

OBJECTIVES

- Analyze the various aspects of the birth process.
- Compare and contrast childbirth options.
- Describe the characteristics found when examining the neonate.
- Explain the adjustments the neonate must make after birth.
- Distinguish between the two methods of feeding the neonate.
- Discuss all aspects of caring for and protecting the neonate.
- Determine the importance of parent-infant interaction.
- Summarize the neonate's development during the first month.

The birth of an infant is an exciting yet difficult time. Care must be taken to ensure the safe delivery of the infant during the birth process. Once the birth process is complete, the parents have a new infant to care for.

The newborn is known as a ***neonate*** for about the first month after birth. ***Neonatal care*** is the care the infant receives during this period. When an infant is born, she or he must be cared for in order to survive. People who will care for the infant must know essential aspects of caring for a newborn.

THE BIRTH PROCESS

Labor begins about thirty-eight weeks after conception for a full-term pregnancy. During

the last month of the pregnancy, the infant's head moves down into the pelvic cavity to prepare for birth. The movement of the infant into this new position is known as ***lightening***. The change in position relieves some of the pressure on the mother's internal organs, and she may find it easier to breathe when the infant moves down. However, the shift in position can put increased pressure on the bladder, thus causing the mother to feel the need to urinate more frequently.

Beginning of Labor

Labor is not the same for all women. When labor begins, it usually appears in one of three ways. The first sign of labor for some women is the discharge of blood-tinged mucus from the vagina. This mucus is the plug that separates the uterus from the vagina during pregnancy.

For other women, labor begins when the membranes holding the amniotic fluid rupture. This commonly is referred to as the water breaking. When this happens, the amniotic fluid leaves the mother's body through the vagina. The amount of amniotic fluid differs between pregnancies. Therefore, pregnant women should note the amount of amniotic fluid that is discharged and report it to their physicians. The amount of fluid discharged may range from only a small trickle to a heavy flow.

The third way labor begins is with slight cramps or contractions. A backache often accompanies these contractions. While the contractions begin as a slight discomfort, they become stronger and occur at regular intervals unlike the contractions of false labor that may have been experienced during the few weeks before birth. False labor contractions normally occur in the lower abdomen and groin while true labor contractions begin higher in the uterus and spread to the lower back and abdomen. False labor contractions are irregular and do not escalate as opposed to the regularity and increasing frequency and intensity of actual labor contractions.

Stages of Labor and Delivery

Once labor begins, it advances through three stages. The first stage is the ***dilation stage***. ***Dilation*** is the opening of the cervix in order for the infant to pass into the vagina. The ***cervix*** is the opening between the uterus and the vagina. At the beginning of labor, the cervix is about one-half to three-fourths of an inch long and almost closed. In order for the infant's head to pass through the cervix, the cervix needs to be dilated to about four inches or ten centimeters. Dilation occurs through contractions that press the infant against the cervix. This pressure causes the cervix to slowly open. Pressure from the contractions also causes the cervix to become very thin and merge with the walls of the uterus. Figure 4.1 illustrates the dilation of the cervix. As this stage progresses, the contractions become stronger, more frequent, and last longer.

The first stage of labor lasts for an average of ten to twelve hours. If a woman is giving birth for the first time, the first stage of labor usually lasts longer than average, while it may be shorter than average if a woman has previously given birth.

After the cervix is completely dilated, the second stage of labor begins. The second stage of labor is the ***expulsion of the infant***. During this period, the infant is born. Since the cervix is wide enough for the infant to pass through, the contractions during this stage serve to push the infant downward into the vagina and out of the mother's body.

As the infant enters the vagina, the vaginal opening dilates and begins to bulge. If it is apparent that the infant will not fit through the vaginal opening without tearing the surrounding tissue, the physician will perform an episiotomy. An ***episiotomy*** is an incision made at the vaginal opening toward the anus in order to make the vaginal opening large enough for the infant to pass through without tearing the tissue. An episiotomy is performed because a smooth cut will heal more easily than torn tissue. The episiotomy also decreases the

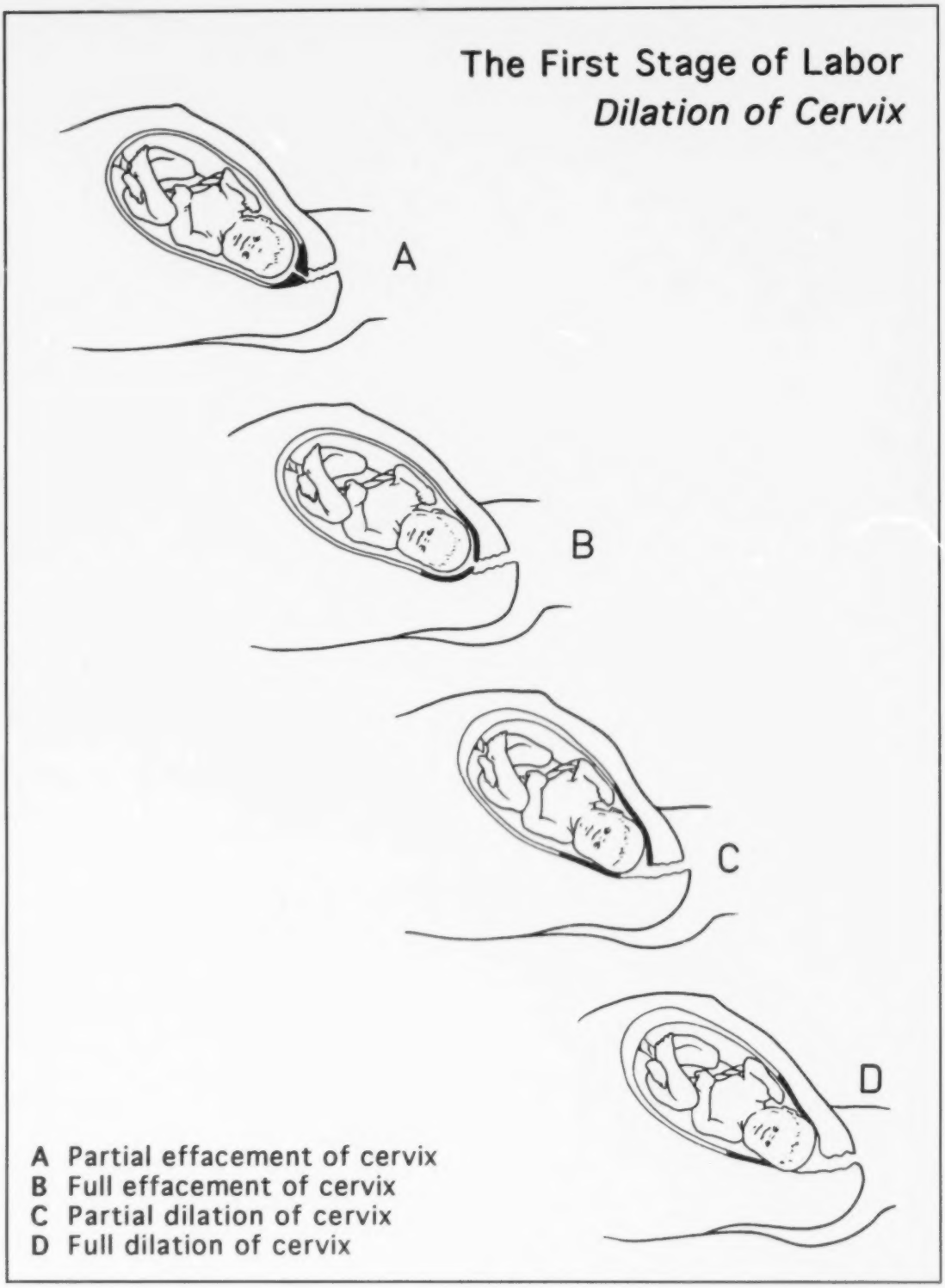

The First Stage of Labor
Dilation of Cervix
A
B
C
D
A Partial effacement of cervix
B Full effacement of cervix
C Partial dilation of cervix
D Full dilation of cervix

Figure 4.1

pressure on the infant's head. Immediately after the infant is delivered, the incision is stitched together.

Crowning is when the infant's head becomes visible in the birth canal. When the infant's entire head appears, the infant is rotated to the side and the rest of the body is expelled. A suction device is used to free the infant's airways of any mucus or blood that could interfere with breathing, and the umbilical cord is cut and tied.

Once the infant is born, the third stage of labor begins. This stage is the ***expulsion of the placenta***. The placenta separates from the uterus as the infant is born due to the contraction of the uterus. The placenta is also called the afterbirth during this stage of labor. During this stage of labor, the mother usually feels little or no pain. She must push to expel the placenta, and this process usually lasts from a few minutes to half an hour.

CHILDBIRTH OPTIONS

Today, parents have a variety of options when considering how and where their children will be born. The father is much more involved in the birth of the child than he was in the past. Years ago, fathers did not witness the birth of their children. They stayed in the waiting room of the hospital or in another room of the house for someone to come and tell them about the birth of the infant. Now it is a common sight for fathers to be with the mothers throughout labor and delivery.

Some of the birthing practices parents can choose from today include the following:

- prepared childbirth
- childbirth with medication
- caesarean section
- home delivery
- birthing centers
- hospitals
- Leboyer method

Prepared Childbirth

Prepared childbirth is the type of birth that the parents have been trained for in order to alleviate much of the fear and pain associated with childbirth. With prepared childbirth classes, the parents learn exercises and breathing techniques to make delivery easier. They also learn about labor and delivery through films and reading material. One popular method that advocates prepared childbirth is the Lamaze method.

Prepared childbirth helps eliminate much of the need for pain medications during labor and delivery. Lack of medication keeps the mother alert and able to participate fully in the birth. Also, the infant is not harmed by medications that can cross through the placenta into the infant's system. Lack of medication also makes the infant more alert after delivery.

During prepared childbirth classes, parents learn about different medical procedures that may be performed during childbirth. The advantages and risks of medications also are discussed. With the information learned in the prepared childbirth class, parents can discuss options with their physician and make decisions about the birth of the child.

One of the most important aspects of prepared childbirth is the involvement of the father throughout the pregnancy and birth. When attending prepared childbirth classes, the expectant mother has the father or another person with her to be trained as her coach or partner during the delivery. While in labor, the coach helps the mother breathe properly and reminds her of what she learned in class. The coach offers emotional support and helps the mother through the delivery. While coaches are

very helpful with prepared childbirth, they can also help when other childbirth methods are used.

Childbirth with Medication

Many women cannot tolerate the pain associated with giving birth. Therefore, pain relievers can be administered to make the mother feel more comfortable. Several kinds of pain relievers are commonly used during labor and delivery. These include the following:

- narcotics
- epidural anesthesia
- spinal anesthesia
- general anesthesia

Narcotics. Narcotics, although they do not eliminate pain completely, can help a woman relax between contractions during labor. Narcotics usually are given through an injection and can pass through the placenta into the infant. In large doses, narcotics can slow the breathing of both mother and infant. Therefore, narcotics are generally not administered close to the time of the delivery.

Epidural Anesthesia. An ***epidural anesthetic*** is a medication that is injected into the epidural space of the spine to stop the pain of labor and delivery. This type of pain relief numbs the mother from the waist down. After the initial injection, a small tube is inserted in the spine so that medication can be administered as necessary. Epidural anesthetic is the most common type of pain reliever used during labor and delivery. It is safe for the infant, and it does not keep the mother from being alert for the birth. An epidural cannot be given until labor has progressed and the cervix is dilated to one to two inches.

Spinal Anesthesia. Spinal anesthesia is much like an epidural. However, it is usually not given until just before delivery because it is given only once and cannot be used throughout labor and delivery like an epidural. Therefore, the epidural is preferred because it offers pain relief during labor. Like the epidural, spinal anesthesia is injected in the spine, and it does not affect the alertness of the mother. Spinal anesthesia is used most often for caesarean sections.

General Anesthesia. A ***general anesthesia*** is medication that puts the patient to sleep. This type of medication is generally injected or inhaled. While it was used quite often years ago, it is now used mainly for emergency caesarean sections when the position of the infant is not suitable for an easy birth or when the placenta will not detach easily from the uterus.

Caesarean Section

A ***caesarean section*** is the delivery of the infant through an incision in the abdomen and uterus instead of through the vagina. A caesarean section is often necessary for the survival of the infant and/or the mother. A caesarean section may be performed if the infant is in an abnormal position for a vaginal birth, if the infant is too large or the mother's vagina is too small for a vaginal delivery, if the infant is premature, or if there is a chance of infection from the vagina. Other cases that may warrant a caesarean section include problems with the placenta, multiple births, prolonged labor, fetal distress, and illness in the mother such as diabetes or high blood pressure.

While many women are aware of their need for a caesarean long before the birth, other women must have emergency caesarean sections when problems occur during labor. If the caesarean is planned, the mother is given an epidural or spinal anesthetic so that she can be

awake during the delivery. The father of the infant usually can be present for the caesarean if it is not an emergency situation.

In the case of an emergency caesarean, the mother most likely is given a general anesthetic that will put her to sleep. In these cases, the partner generally has to wait in the waiting room while the operation is performed.

A caesarean section takes about an hour to perform. Since this is a major surgical procedure, the mother has to take more time to recover than if she had a vaginal delivery. The incisions must be stitched closed and given time to heal. Therefore, the hospital stay of a woman who has a caesarean may be a few days longer than the hospital stay of a woman who has a vaginal birth.

Home Delivery

Some parents are deciding to have their children at home instead of in a medical setting. In most cases of home delivery, the delivery is assisted by a nurse-midwife. Home deliveries should be done only when the pregnancy has been low risk and no complications are expected. If complications arise, it may be best to be in a hospital setting where trained personnel can immediately deal with the problem.

The home delivery method is often preferred over a medical setting because the situation is more relaxed and the parents have more control over the birth process. Other family members also can be more closely involved with the birth. However, parents should be aware of the disadvantages such as unexpected complications and the omission of tests done in the hospital to evaluate the infant's health.

Birthing Centers

A birthing center is a setting that can be a cross between home delivery and a hospital setting. Some birthing centers may be associated with hospitals, but others may be independent. In a birthing center, rules regarding visitors and delivery are not as strict as those in a hospital.

The atmosphere is as much like home as possible while still offering more medical care than is available for home deliveries. However, birthing centers still may not be as equipped or staffed as a hospital to handle emergencies and complications.

Hospitals

Hospitals are the most common place for giving birth. Over the past several years, many hospitals have changed their methods and procedures regarding labor and delivery. Many hospitals now allow a variety of choices regarding the birth of a child.

Birthing rooms are now available in which labor, delivery, and recovery occur in the same room so the mother does not have to be moved during the birth process. Different positions for labor and delivery are also being recommended by many health care professionals. Instead of lying on her back, the mother may lie on her side during labor or be in an upright sitting position during labor and delivery. She may even be encouraged to stand, kneel, or squat for the delivery.

Hospitals also allow parents to have other family members present for the delivery if they wish to do so. A home setting is emphasized in many hospitals with the availability of large, spacious rooms resembling bedrooms in someone's home rather than a typical hospital room. Hospitals also may offer the option of rooming, in which the new infant is allowed to stay in the room with the mother instead of in a nursery.

Leboyer Method

The Leboyer method of childbirth is directed at making the transition from the womb to the outside world easy and comfortable for the infant. In order to make the delivery as gentle as possible, lights in the delivery room may be dim and the atmosphere warm and quiet

with music playing softly in the background. Once the infant is born, he or she is placed on the mother's abdomen until the umbilical cord stops pulsing. The umbilical cord is cut after the infant's body processes start to function. Once the infant begins to breathe, she or he is placed in a warm bath that feels similar to being in the sac of amniotic fluid. These gentle, familiar sensations soothe the infant and make the transition to the new environment more comfortable.

EXAMINING THE NEONATE

As soon as an infant is born, the parents and others who helped deliver the infant want to examine her or him. They want to be sure the newborn is healthy and fully developed. Several tests may be performed on the newborn as well as checks for characteristics that fully developed newborns have.

Neonatal Examination

Soon after the infant's birth, she or he is examined and tested. One series of tests is given during the first minute after birth and again five minutes after birth. The infant is given a score called the ***Apgar score*** based on the results of the tests. The Apgar score is based on the infant's heart rate, respiration, reflexes, muscle tone, and color. Two points are the maximum given for each category. Therefore, a score of ten indicates that the infant is in the best condition possible. A score of seven through nine means that the infant is in good condition, while a score of four through six indicates fair condition. If the infant scores one through three, he or she is in poor condition and may need special medical attention. A score of zero generally indicates that the infant is dead. Table 4.1 shows the Apgar Scale for evaluating neonates.

In addition to the Apgar score, infants also must be tested for certain rare inherited disor-

Apgar Scale

	Score		
	0	1	2
Heart Rate	Absent	Less than 100 beats per minute	100 beats or more per minute
Breathing	Absent	Slow, irregular	Good, regular crying
Muscle Tone	Limp	Some movement of extremities	Active motion
Responsiveness (Baby's reaction when tube is inserted in the nostril)	No response	Grimace	Cough ,sneeze, or cry
Color	Blue or pale	Body pink, limbs blue	Completely pink

Table 4.1

ders such as cystic fibrosis and phenylketonuria (PKU). These tests are required by law in most states and can be done by screening a small amount of blood that is taken from the infant's heel. Some infants may need to be tested again a couple of weeks after birth to be certain no disorders were inherited.

After the initial tests are performed, the neonate's length, head measurement, and weight are recorded. The infant's footprints also are taken. Ointment is put in the infant's eyes to prevent infection, and the infant may receive a dose of Vitamin K. Vitamin K is a clotting agent that helps prevent internal bleeding. Circumcision of males is done during this period. ***Circumcision*** is the removal of the foreskin from the penis.

Physical Characteristics of the Neonate

When an infant is born, he or she has been through a strenuous process to enter the world outside the mother's body. Therefore, the infant may be slightly bruised, scratched, and misshapen. Due to the size of the vagina, the infant's head may be pointed and misshapen from the pressure. However, this shape is only temporary, and the head soon becomes rounded. The infant's head is able to withstand the pressure and change shape because of the spaces between the bones in the infant's skull. Two spaces called ***fontanels*** are present in the neonate's skull so that the bones can move together during birth. Figure 4.2 illustrates the bone structure of the infant's skull. Shortly after birth, the bones in the skull relax and separate, once again exposing the fontanels. From six to eighteen months after birth, the bones in the infant's skull grow together to permanently cover the spaces.

The size of the neonate's head is very large in proportion to the rest of the body. At birth, the infant's head is about one-fourth of the total length. In addition to the typically fat cheeks of the neonate, other facial features are specially adapted for the sucking actions of the infant. The nose is flat and short while the chin recedes. These characteristics help with the infant's sucking ability because the facial features are not in the way.

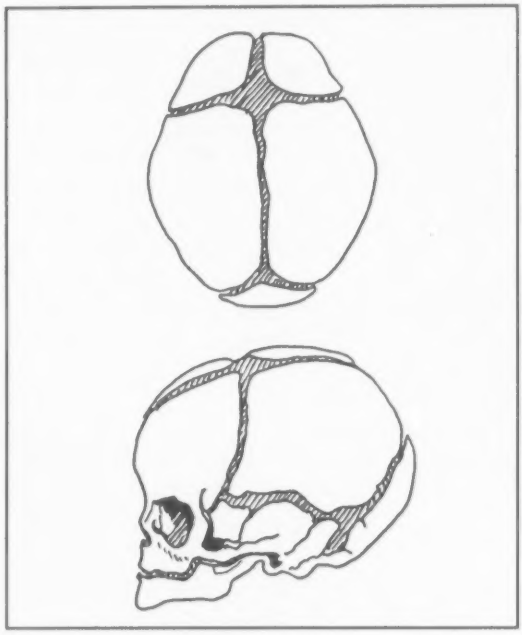


Figure 4.2

At birth, the neonate may be covered with vernix. ***Vernix*** is a creamy protective coating formed in the womb when skin cells fall off into the amniotic fluid. Upon birth, the neonate may have blotchy skin due to the irregular circulation of his or her blood. The fingers and toes may have a slight bluish color and feel cold. These characteristics disappear once the infant's circulation becomes regulated.

The infant's eyes are large, about the same size as an adult's eyes. At birth, the eye color is usually a dark grayish-blue. The permanent eye color usually appears in the months following birth. Shortly after birth, the eyes may be swollen slightly due to the drops of ointment that are placed in the infant's eyes for protection against any infection that might be present.

At birth, the average neonate weighs between seven and eight pounds. The length is

normally around twenty inches. However, the infant's size can vary a great deal depending on factors such as the age and health of the mother as well as her prenatal care and habits.

Abilities of the Neonate

Infants are born with several reflexes that enable them to do the things necessary for survival. A ***reflex*** is a response that is automatic and involuntary. Some of these reflexes are permanent while others are temporary, lasting until the infant learns to have voluntary control over the actions. Shortly after birth, an infant's reflexes are checked in order to be sure that the central nervous system is functioning properly. Problems with the neonate's basic reflexes may indicate problems with the central nervous system. Several of the reflexes that can be observed in the neonate include the following:

- The ***gag reflex*** enables infants to clear mucus from their airways in order to breathe.
- The ***grasping reflex*** (also known as the palmar reflex) occurs when something is pressed into the infant's palms, thus causing the fingers to curl around the object and hold it tightly.
- The ***blink reflex*** causes the infant to blink the eyes in response to bright light. This reflex protects the eyes from the light.
- The ***pain reflex*** is used by an infant to avoid pain. This reflex causes the infant to shrink away from the pain and bat at it with the arms and legs.
- ***Babinski's reflex*** occurs when the sole of the infant's foot is lightly stroked, thus causing the toes to fan out while the foot twists in.
- The ***tonic neck reflex*** occurs when the infant's head is turned to one side and the body is arched away from the face. The arm on the side the head is turned to is extended while the arm away from the face is flexed. The legs also are drawn up close to the body during the tonic neck reflex.
- The ***rooting reflex*** causes the infant to turn toward any object that touches the lips or cheeks and begin sucking. This reflex helps the baby begin feeding.
- The ***startle reflex*** (also known as Moro's reflex) occurs when the infant hears a loud or surprising noise or is touched on the stomach. The infant will throw back the head, extend the legs, and stretch out the arms and fingers.
- The ***stepping reflex*** can be seen when an infant is held upright with the feet touching a flat surface and he or she moves the legs in a walking motion.

In addition to reflexes, infants are born with the ability to smell, see, feel, taste, and hear. In the first months of life, these abilities undergo change and improvements. Studies show that soon after birth infants can identify by smell their mothers and others who hold them often. At birth, an infant can clearly see objects that are no further than eight to twelve inches. Objects beyond this distance probably appear fuzzy and out of focus. Infants are capable of feeling things that touch their bodies and of hearing sounds. This is obvious by studying an infant's reactions to different stimuli. Other research has shown that infants even have a sense of taste at birth and prefer sweet tastes to salty tastes.

NEONATAL ADJUSTMENTS

The neonate's environment is much different than the environment inside the womb. When the neonate is born, she or he must undergo a great deal of change in order to adjust to the new environment. Other factors such as illness or the type of delivery can affect the kinds of adjustments the infant must make.

Adjusting to a Different Environment

When the infant is in the mother's womb, the atmosphere is fairly quiet and dim as opposed to the loud, brightly lit atmosphere encountered at birth. While in the womb, the infant receives oxygen from the mother's blood supply through the umbilical cord. Since the infant receives oxygen through the blood and is surrounded by amniotic fluid, the infant does not need to breathe air through the lungs. However, when the infant is born, he or she must begin to breathe air on his or her own. At birth, the infant's lungs automatically inflate so the infant can take her or his first breath of air.

While in the womb, a constant temperature is maintained around the infant. When the infant enters the outside atmosphere, temperature changes can make the infant hot or cold. Therefore, the infant must begin to regulate his or her own body temperature. A comfortable temperature can be achieved through the use of clothing and blankets.

The elimination of waste from the fetus was handled by the mother's body during the pregnancy. Once the infant leaves the mother's body, elimination of waste must be done by the infant's body. The mother's body also provided nourishment during pregnancy. The nourishment the infant received depended on what the mother consumed. After birth, the infant must receive nourishment directly from the food source in order to survive.

Other Adjustments

In addition to the adjustments the neonate must make for transition from one environment to the other, adjustments must be made that are caused by other factors that may not be the same for all infants. Many infants are born with illness or low birth weight. These factors cause the infant to make more adjustments in order to survive. Infants with these kinds of problems have to work harder for good health and survival.

Depending on what kind of delivery the infant experienced, some adjustments may be more difficult than others. For an infant that was delivered in a gentle manner and placed on the mother's stomach immediately after birth for stroking and massaging, adjustments might be fairly easy to make. For an infant who was delivered with the use of forceps and immediately taken from the mother for cleaning, checking, and weighing, adjustments might be more difficult.

Parental Impact on Adjustments

Parents' actions can have an impact on how the neonate adjusts to the new environment. Loving parents who respond to the infant's cries and hold the infant can ease the adjustments of the neonate. When the infant cries, these parents find out what is making the infant cry and change the situation. Parents who do not give their infant much attention or promptly tend to the infant's needs can hamper the infant's adjustment to life. However, parents need to understand that all infants have their own temperament and may not adjust easily even when the parents do all they can for the infant. Parents should not feel at fault if their child has a difficult temperament.

FEEDING THE NEONATE

When the neonate is born, he or she depends on someone to provide the nourishment that is necessary for survival. Many parents may be concerned about what feeding method is the best for their infant. Parents also may worry that their infant is not receiving the proper nutrition or not eating enough.

Feeding Methods

Parents can choose to breast-feed or bottle-feed their infant. These options can be discussed with a physician in order to make the best choice for the infant and parents.

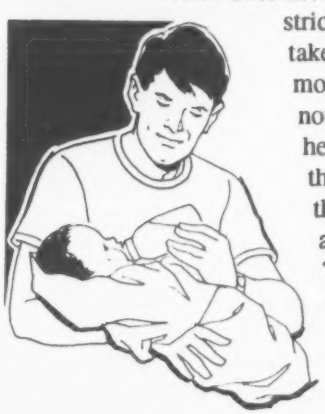
Breast-feeding. Breast milk generally is the best source of nourishment for the infant. In addition to being an excellent source of nourishment, breast milk is easily digestible and gentle on the infant's digestive system. Antibodies that are present in the mother's system can be passed to the infant through the breast milk. These antibodies help fight infections that the infant may be exposed to during the neonatal period.

While breast milk is beneficial for the infant, breast-feeding is also beneficial for the mother. The uterus of a woman who is breast-feeding tends to return to its normal size more quickly than if she was not breast-feeding. Weight loss also tends to occur more quickly when a woman breast-feeds. In addition to these benefits, breast-feeding is convenient and time saving while costing no money. Formula does not have to be prepared and heated and bottles do not have to be sterilized and cleaned unless the infant is fed with an occasional bottle of breast milk.

Breast-feeding also helps to develop a close bond between the parents and infant. While it is a disadvantage that the father cannot breast-feed directly, he can be included in the feeding of his child. The father can play with the infant before the feeding, and he can be present while the mother feeds the infant. He can offer company, talk to the infant, and help the mother be as relaxed as possible. After several weeks, the mother's supply of milk should be sufficient enough to allow her to extract or remove breast milk to later be fed to the infant. This way, the father can feed the infant with a bottle. The father also can form close bonds with his child through other activities.

Although there are benefits to breast-feeding, some disadvantages also exist. Substances in the mother's body can be passed to her infant through breast milk. Therefore, breast-feeding women must be careful about taking medications or anything that could harm the infant. Illness in the mother's system can also harm the infant. Since the infant has certain nutritional requirements, the breast-feeding mother must continue to follow a very nutritious diet.

Bottle-Feeding. In addition to breast-feeding, parents also have the option of bottle-feeding their infant. Like breast-feeding, bottle-feeding also has advantages. When feeding an infant a formula, parents can be sure that the infant is getting the needed nutrients while taking in no harmful substances. The mother does not have to follow a strict diet and can take medications more freely if she is not breast-feeding her infant. Also, the father can feed the infant immediately after birth. Therefore, he does not have to wait several weeks until he can feed the baby.



Infant formula is manufactured to closely resemble breast milk and its nutritional benefits. Formula can be either milk based or soy based and is available prepared, in a concentrated liquid, or in powder. Infant formula contains protein, fat, carbohydrates, minerals, and vitamins that are essential to the infant's development. Parents should discuss with their physician what kind of formula is best and what feeding routine should be followed.

In addition to following a physician's guidelines about using infant formula, parents should not feed their infant cow's milk. Cow's milk does not have the nutrients the infant needs for healthy development. Also, many infants have trouble digesting this kind of milk. Children should not be given cow's milk until they are at least past the first year of life and can tolerate digesting this kind of milk.

Some of the biggest disadvantages of formula feeding are the cost and preparation time. Bottles and supplies must be purchased in addition to the large quantities of formula an infant can drink. The formula must be prepared and stored, and bottles must be washed and sterilized. If disposable bottles are used, new ones must be bought to replace them. Unlike breast milk, infant formula does not contain antibodies that can fight infection in the newborn. Therefore, neonates fed with infant formula may be more prone to illness during the first weeks after birth until their systems produce antibodies of their own.

Nutritional Concerns

Many parents worry that their infants are not getting enough to eat. This can cause the parents to overfeed the infant, which can cause the infant to spit up. Infants usually stop eating when they are full. However, many infants continue to eat if their caregivers offer more food. If an infant is losing or not gaining any weight, a physician should be consulted.

If an infant is gaining weight as expected and has no eating problems, parents should be sensitive to their infant's signals that he or she has had enough to eat. If given the opportunity to eat more than is necessary, many infants may overeat. Overeating even in infancy can cause babies to become fat. While fat babies were once considered healthy, it is now known that too much fat is not healthy for a person of any age.

On occasion, an infant may not be able to digest regular formula very well. The protein found in regular formula can be too harsh on an infant's sensitive system. When this is the case, a special formula in which the protein has been predigested can be used to feed the infant. Since the protein has been predigested, it is easier for the infant to digest the formula.

CARE AND PROTECTION

Newborns need constant care and attention in order to have their needs met. Infants' needs include hygiene, sleep, safety, and health.

Hygiene

Hygiene includes cleanliness and sanitary practices used in order to preserve health. The infant's basic hygiene needs include diapering, clothing, and bathing.

Diapering. Infants can be diapered with either cloth or disposable diapers. For the past two decades, disposable diapers have been the popular choice because of their convenience and simplicity. Disposable diapers can be thrown away once they have been used. Therefore, parents do not have to spend time washing diapers. With the increase in dual-career families, disposable diapers also are used in the

child-care setting with more ease than cloth diapers could be used. Since disposable diapers are secured with adhesive tapes instead of diaper pins, the possibility of sticking the infant during changing does not exist with disposable diapers.

While disposable diapers are a great convenience, they also have a few disadvantages. These disadvantages include the high cost, the higher incidence of diaper rash compared to cloth diapers, and the amount of garbage created by disposable diapers.

Parents can launder cloth diapers at home, or a diaper service can be hired to take care of the diapers. Laundering the diapers at home is the most economical method, but it can be very time consuming to wash diapers every day. If a diaper service is used, the cost is about the same as using disposable diapers. A diaper service picks up used diapers in a storage container and delivers clean ones to the infant's home.

When using cloth diapers, the person changing the diaper must be very careful to avoid sticking the infant with the diaper pin. Two fingers should be slipped between the diaper and the infant's skin to make pinning easier. Figure 4.3 illustrates one way to diaper an infant with a cloth diaper.

When changing a diaper, the infant's skin should be cleaned thoroughly with soap and water or a disposable wipe. When cleaning this area on a female child, wiping should be done from front to back to keep bacteria out of the urethra. This bacteria can cause urinary infection. When diapering is complete, the person who changed the diaper should thoroughly wash her or his hands.

Clothing. When choosing clothes for an infant, one must keep comfort and convenience in mind. Clothes should keep an infant warm, be easy to put on and take off, and be easy to clean. A newborn grows quickly, so she or he will not be able to wear the same clothes for

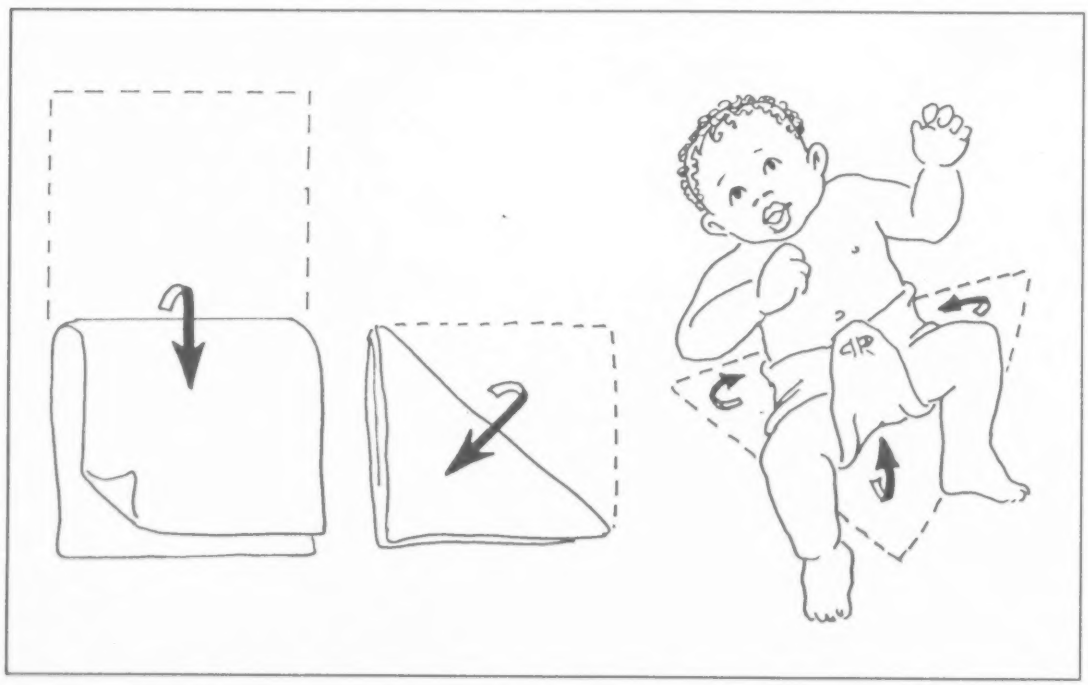


Figure 4.3

long. Therefore, buying a large quantity of any item is not economical because it will not be used much before it no longer fits. Many newborns can wear clothes for three to six-month-olds instead of newborn sizes. The clothes may be a little large, but they will last longer if there is room for the infant to grow.

Shoes are not necessary for a newborn. Socks or booties provide all the warmth and protection that an infant's feet need. Basic clothing that the infant may need include nightgowns, stretch suits, and undershirts. If the weather is cold, the infant also needs a cap and warmer clothes such as sweaters and snowsuits.

Bathing. Newborns can be given sponge baths, or they can be bathed in sinks, tubs, or baby bathtubs. Some physicians recommend sponge baths until the navel area and umbilical cord are healed. The parents should use the method they feel most comfortable with if the physician gives them a choice. Otherwise, the physician's instructions should be followed.

Infants do not need to follow a strict bathing schedule. If an infant's mouth and diaper area are kept clean, the infant can wait several days between baths. Frequent bathing can dry an infant's skin. Therefore, daily baths may be avoided if the infant's skin is dry. A shampoo is needed only once or twice a week. However, an infant's scalp should be washed daily with soap and water to prevent cradle cap. ***Cradle cap*** is a rash that forms on an infant's head and is characterized by dry, scaly patches.

When bathing an infant, the caregiver should use one hand and arm to support the infant and the other hand to do the washing. The bath should only be an inch or two deep and the room and water should be warm enough to keep the infant comfortable. In order to bathe the infant without any interruptions, the parent should have everything prepared before the bath begins. Items such as a washcloth, soap, towel, cotton, clean diaper and clothes, and lotion should be ready for use. An infant should never be left unattended in the bath. Figure 4.4 illustrates one way to support an infant during a bath.

Figure 4.4

Sleep

Infants are light sleepers. They need a comfortable place to sleep where they will not be disturbed. When infants do sleep, their habits vary greatly. There is really no normal pattern parents can expect their infant to follow. However, parents can expect to see some typical characteristics.

Sleep Area. An infant's sleep area should be safe and comfortable. Infants may sleep in a crib, a bassinet, an infant carrier, or any other place that is appropriate.

When selecting a crib, certain features should be checked in order to assure a safe environment for an infant. The slats of a crib should all be present with no more than two and three-eighths inches between them. The mattress should fit snugly in the crib with no more than a width of two fingers between the crib edge and the mattress. If the crib has corner posts, they should not be more than five-eighths of an inch taller than the crib rails. Tall corner posts can catch clothing or strings and strangle the infant. If bumper pads are used to pad the sides of the crib, they should fit around the entire crib and be secured with at least six straps.

Pillows are not necessary for infants and may even be harmful, causing suffocation. When using an older crib or painting or refinishing a crib, parents should be sure the paint does not contain a high percentage of lead. Lead found in paint or finish can poison an infant if the infant swallows any paint chips or residue. Cribs manufactured after February 1978 do not contain lead paint and are safe for use.

Sleep Patterns. A newborn infant usually sleeps about fourteen to eighteen hours each day. However, the infant does not continuously sleep for this amount of time. Short periods of alertness occur between the seven or eight daily sleep periods. At the end of the first month of life, an infant's sleep habits may change slightly. The infant may sleep for five or six hours at night and take a few naps during the day. However, an infant's sleep patterns can be quite different and may even change frequently. Some infants require more or less sleep than average.

Sleep Positions. Infants normally are placed on their stomachs or sides to sleep. These positions are best because the infants are less likely to choke if they spit up. If infants are put to sleep immediately after eating, it probably is best to lay them on their stomachs.

Safety

In addition to safety precautions related to hygiene and sleep, other procedures regarding safety should be followed when caring for an infant.

Car Seats. Any time an infant rides in an automobile, he or she should be securely fastened in a car seat. Car seats are designed to protect an infant in case an accident occurs. They are designed to spread the force of an impact throughout an infant's entire body so that one particular area does not receive more shock than another. Car seats also prevent an infant from being flung out of the car or from hitting objects in the car.

Two types of car seats can be used for a newborn. One type of car seat is used for infants weighing less than twenty pounds. This seat is positioned so the infant faces the rear of the car. This position is best because if an accident occurs, the infant's back, which is the strongest part of her or his body, will absorb most of the shock. The other type of car seat can be converted from a reclining position for

Car Seats Save Lives

In a car traveling 30 miles per hour, an infant who is not in a car seat can be thrown around the car with the force equal to that of falling three stories.

an infant weighing less than twenty pounds to an upright position for an older infant weighing more than twenty pounds. These seats can be used in the front or back seat and must be strapped properly into the car.

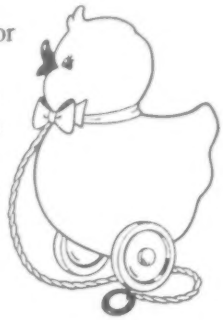
An infant should never be allowed to ride in an automobile without being strapped in a car seat. Tragic accidents can happen even when traveling a short distance at a low speed. Many states have laws requiring children to ride in car seats. Purchasing a car seat is one of the most important things a parent can do for a child. Many communities and hospitals have programs that loan car seats to new parents until they are able to obtain their own. Some states even have laws requiring children up to a certain age to be in car seats at all times when riding in an automobile. Hospitals may not let parents leave with their infants unless the parents have car seats to transport their newborns.

Equipment and Toys. The American Society for Testing and Materials (ASTM) has developed standards for equipment such as strollers, play pens, and expandable gates. The ASTM was asked to develop these standards by the Juvenile Products Manufacturers Association (JPMA). Companies seeking approval by JPMA voluntarily submit their products for testing. If the products pass the tests, a special seal stating certification by JPMA is placed on the product. However, testing is voluntary so many products that are manufactured are available without being tested. Therefore, consumers should look for the JPMA Certification Seal when purchasing products in order to ensure the highest level of safety. Figure 4.5 shows the JPMA Certification Seal.

Figure 4.5

Parents should examine pacifiers closely before allowing infants to use them. Pacifiers should be made from sturdy material that will not break apart. Infants can swallow or choke on broken pacifier pieces. The plastic shield around the nipple of the pacifier should be large enough so that it cannot fit into the child's mouth. If the pacifier does get stuck in an infant's mouth, small holes should be present in the plastic shield so the child can breathe.

When purchasing toys for an infant, check the age recommendations to be sure the toy is appropriate for the infant. Small toys or toys with small parts could cause choking if the infant swallows them. These toys should be avoided.



Handling an Infant. A newborn must be handled very carefully. One of the most important things that must be done when holding a newborn is supporting the head. Newborns do not have fully developed neck muscles and cannot hold their heads up by themselves. The infant's head will flop backwards if it is not

supported. When handling the infant during a feeding, body contact is very important. A bottle should not be propped up to the infant's mouth. This can harm the infant's developing teeth. The infant should be held close to the caregiver's body so the infant feels protected and cared for.

Health

When parents suspect that their infant is ill, a physician should be consulted since illness in a newborn can be much more serious than illness in an older child. Several symptoms indicate when an infant is ill. These symptoms include the following:

- fever
- excessive crying
- diarrhea
- vomiting
- respiratory problems
- lethargy
- jaundice
- refusal to eat
- colic
- abnormal movement in a body part

Fever. Fever is a good indication that an infection is present. However, many newborns, especially premature infants, do not show signs of fever when there is an infection. Therefore, parents should pay close attention to their infant's behavior in case there is infection with no fever.

For an infant, fever is present when the rectal temperature is more than 100.5°F. ***Rectal temperature*** is the method of taking an infant's temperature by inserting a thermometer into the infant's rectum. A special thermometer with a rounded tip is used for this procedure. Cold cream or petroleum jelly should be used to lubricate the tip of the thermometer to make insertion easier and more comfortable for the infant. The thermometer is inserted about one inch into the rectum where it is held by the person taking the temperature for a couple of minutes. The person taking the temperature should not let go of the thermometer during this procedure because squirming by the infant can cause the thermometer to go deeper into the rectum and cause injury.

Another method for measuring an infant's temperature is under the armpit. Temperature taken under the arm is referred to as ***axillary temperature***. Taking axillary temperature involves placing a thermometer under the infant's armpit. The thermometer should be held here with the infant's arms folded across her or his chest for three minutes. When the thermometer is read, 1°F should be added to the reading to get an accurate temperature.

Oral temperature, or temperature taken in the mouth, cannot be taken with a newborn or even a small child because they do not have the muscle control or understanding to hold the thermometer under the tongue. They may bite too hard on the thermometer. Biting the thermometer could cause breakage and injury. One of the other methods of taking temperature must be used.

Diarrhea. Diarrhea can become a serious situation if not recognized and treated quickly. Diarrhea can cause dehydration that may require hospitalization. If an infant's stool becomes more watery than usual or is greenish in color, the infant may have diarrhea. While diarrhea can be caused by something in the diet or the frequency of feedings, it also can be caused by an infection. Therefore, the infant's physician should be consulted for the best advice on how to treat diarrhea.

Vomiting. Vomiting should not be confused with spitting up. ***Vomiting*** is the forceful elimination of stomach contents through the mouth. ***Spitting up*** is the common, gentle release of stomach contents that may occur after eating. Vomiting that occurs occasionally is probably nothing to worry about. However, if vomiting is frequent or contains blood or green bile, a physician should be consulted.

Respiratory Problems. If an infant has trouble breathing, a respiratory problem may be present. Breathing problems can be characterized by wheezing, congestion, or other

breathing difficulty. Any respiratory problem should be reported to the infant's physician.

Lethargy. ***Lethargy*** is characterized by high fever, lack of energy, inactivity, and abnormal drowsiness. If an infant has any of these symptoms, a physician should be consulted since infection or disease may be present.

Jaundice. ***Jaundice*** is a condition that causes yellowing of the skin, eyeballs, and urine due to the inability of the immature liver to break down the yellow-red pigment bilirubin found in bile. Bile is the substance released from the liver that aids in digestion. Jaundice can be present at birth or can appear several days to weeks after birth. The infant's physician should be notified if symptoms of jaundice appear. The physician will monitor carefully the infant's condition in order to determine the cause of the jaundice and the type of treatment suitable. Severe jaundice may require therapy that places the infant under a high-intensity light. Milder forms of jaundice usually disappear in one week to ten days.

Refusal to Eat. A drastic change in eating habits from more to less may be a sign of illness. An infant who suddenly eats much less or refuses to eat altogether may be sick. The infant's physician should be consulted when eating problems arise.

Excessive Crying. Infants cry for many reasons. Some infants only cry when they need care and attention, while other infants cry for no apparent reason. Sometimes these crying episodes can last for two or three hours. However, crying can indicate illness. If an infant cries for a long period of time and nothing seems to soothe her or him, illness may be present. A physician should be consulted if this is not normal behavior for the infant.

Colic. ***Colic*** is a common condition that is characterized by excessive crying and intense fussiness. The cause of colic is not certain, but it is thought that an infant's diet may be one cause. Many infants are intolerant of or allergic to the protein in cow's milk and soy formula. Changing an infant's formula may be one method of controlling colic. However, a physician should be consulted before making any changes.

Abnormal Movement in a Body Part. When an infant stops showing normal movement of a body part, such as an arm or leg, injury may be present. A physician should be consulted to check for fractures, nerve injury, or dislocation.

Chapter 6 contains more information on preventing disease and caring for children with illness.

PARENT-INFANT INTERACTION

Interaction between the parents and their infant is important in the development of their relationship with each other. Interaction also aids the infant's development by providing stimulation that enhances growth. Parent-infant interaction occurs anytime the infant and parents engage in an activity together.

Bonding

During the first month of life and in the months that follow, it is important that the parents bond with their infant. Bonding is enhanced by holding, feeding, stroking, rocking, and singing and speaking to the infant so that the infant feels secure and loved.

Bonding between parents and their infant begins immediately after birth. ***Bonding*** is the development of close ties for a strong relationship. The first hour or two after birth is a good time for the parents and infant to spend together since the infant usually is very alert during this time. However, bonding can take place any time. If it is not possible to spend the time

immediately after birth together, there will be plenty of time later for interaction. Bonding takes place over a period of time, not all at once. Therefore, parents should always strive to spend quality time with their child.

Interaction between the parents and the infant is very important in order for them to become familiar with each other. This familiarity causes attachments to be formed between the infant and the parents. This attachment is healthy for the infant because she or he knows that there is someone to count on for food, shelter, love, and all of the other needs the infant has. When the infant's needs are met, the infant develops a trust in the parents or caregivers that tend to his or her cries for help or attention.

When interacting with an infant, it is important to let the infant lead the interaction. This allows the infant to be in control of the situation, and the infant can stop the interaction if she or he is tired or no longer interested. When the infant is in control of the situation, he or she enjoys the interaction and will be more open to future interaction. When interacting with an infant, a parent should imitate the infant's lead and maintain close eye contact with the infant.

Stimulation

An infant's development can be enhanced through sensory stimulation. This type of stimulation can include any of the infant's senses. Stimulation can include contact with different objects, sounds, colors, and shapes. A neonate likes to look at faces. People and objects such as dolls can provide the stimulation the infant prefers. Infants also like to hear a soothing voice or other pleasant sounds. Objects such as mobiles can provide brightly colored objects for the infant to watch. Parents or other caregivers can touch the infant's skin with soft textures such as those found on stuffed animals or cloth toys. These types of stimulation help infants understand the environment around them. They also enhance development through improving vision and eye coordination.

Another type of stimulation for an infant is exercise and movement. Exercise for an infant can include crying, kicking, and moving the arms around. This movement helps develop the muscles that make the infant stronger. An infant normally gets an adequate amount of stimulation from his or her own actions and does not need to do special exercises in order to develop properly unless there is a problem with the infant's physical abilities.

DEVELOPMENT DURING THE FIRST MONTH

Once the infant is born, he or she must adapt to the new environment. In the first month of life outside the womb, an infant gets to know his or her environment very well. Shortly after birth, infants begin to recognize familiar faces such as their parents. Infants show a preference for these familiar persons as opposed to faces they do not see often.

Near the end of the first month, infants may begin to smile in response to a familiar voice or face. Before this time, smiles were in response to an internal stimulus and usually were seen when the infant was drowsy or asleep.

An infant may express enjoyment and excitement during this first month. He or she may get excited at the sight of a favorite person or thing. When showing excitement, the infant may pant, smile, move the arms and legs, and make noises.

Summary

- Once labor begins, it advances through three stages. The three stages are dilation, expulsion of the infant, and expulsion of the placenta.

- Today, parents have many options to consider about how and where their children will be born. These options include prepared childbirth, childbirth with medication, caesarean section, home delivery, birthing centers, hospitals, and the Leboyer method.

- Soon after the infant's birth, she or he is examined and tested. One series of tests is given during the first minute after birth and again five minutes after birth. The infant is given a score called the Apgar score based on the results of the tests.

- In addition to the Apgar score, infants also must be tested for certain rare inherited disorders such as cystic fibrosis and PKU. These tests are required by law in most states and can be done by screening a small amount of blood that is taken from the infant's heel.

- Characteristics of the newborn include a large head, blotchy skin, fat cheeks, a short nose, and a receding chin. The characteristics of the nose and chin help the infant's sucking ability because they are not in the way.

- Infants are born with several reflexes that enable them to do the things necessary for survival. A reflex is a response that is automatic and involuntary.

- In addition to reflexes, infants are born with the ability to smell, see, feel, taste, and hear. At birth, an infant can see clearly objects that are no further than eight to twelve inches.

- Neonates must make many adjustments in order to adapt to life outside the womb. The new environment of the neonate is much different than the environment inside the womb.

- Parents' actions can have an impact on how the neonate adjusts to the new environment. Loving parents who respond to the infant's cries and hold the infant can ease the adjustments.

- Parents can choose to either breast-feed or bottle-feed their infant. This decision can be discussed with a physician in order to make the best choice for the parents and infant.

- Newborns require constant care and attention in order for their needs to be met. Infants' needs include hygiene, sleep, safety, and health.

- Interaction between parents and the infant is very important to the child's development. Quality interaction develops a strong relationship between the parents and the infant.

- In the first month of life outside the womb, an infant gets to know his or her environment very well. The neonate undergoes a great deal of change during this period in order to adjust to the outside world.

Vocabulary

Apgar score
axillary temperature
Babinski's reflex
blink reflex
bonding
caesarean section
cervix
circumcision
colic
cradle cap
crowning
dilation
dilation stage
epidural anesthetic
episiotomy
expulsion of the infant
expulsion of the placenta
fontanels
gag reflex
general anesthesia
grasping reflex
jaundice
lethargy
lightening
neonatal care
neonate
oral temperature
pain reflex
rectal temperature
reflex
rooting reflex
spitting up
startle reflex
stepping reflex
tonic neck reflex
vernix
vomiting

Review

1. For what period of time is the newborn known as a neonate?
2. What are the three ways labor usually begins?
3. Explain the stages of labor and delivery.
4. Discuss the childbirth options parents have including the advantages of each.
5. How is the neonate tested after birth before being released from the hospital?

6. What characteristics and abilities do most neonates have shortly after birth?

7. Contrast the environment inside the womb to the environment outside the womb.

8. What adjustments must the neonate make after birth?

9. Compare and contrast bottle feeding with breast-feeding.

10. What needs does an infant have concerning care and protection?

11. How does parent-infant interaction take place?

12. How does the neonate develop during the first month of life?

Critical Thinking

Research the type of childbirth method you would be the most interested in trying if you were becoming a parent. After gathering your information, determine if this method would be suitable for you. If not, what other method might better suit your needs?

5

Postnatal Care of the Mother

ESSENTIAL ELEMENT

- ❑ Describe postnatal care essential to the well-being of the mother.(e2D)

OBJECTIVES

- ❑ Explain the physical changes that occur after giving birth.
- ❑ Discuss the concerns of the new mother.
- ❑ Contrast the concerns of the new father with those of the new mother.

The ***postnatal period*** is the span of time immediately after the birth of the infant. The postnatal period often is referred to as the ***postpartum period***. While the postnatal period is a time of change for the entire family, the mother usually faces the greatest amount of adjustment. During this time, the mother has special needs regarding physical health, mental health, and adjustments she must make since a new member has joined the family.

The postnatal period generally lasts from several weeks to a few months. During this time, the mother's care is just as important as the infant's care. She should not neglect caring for herself. If the mother takes care of herself, it may make her feel better and improve her ability to care for the infant.

PHYSICAL CHANGES

Changes that occurred in the woman's body during pregnancy begin to reverse after childbirth so that her body returns to the state it was in before the pregnancy. Most of these changes are similar for all women who give birth. The majority of these changes include abdominal changes and breast changes.

Abdominal Changes

About six weeks after birth, the uterus heals and returns to its normal size. The mother may experience pains due to the contractions that cause the uterus to shrink. When the uterus shrinks, the abdomen also becomes smaller.

However, the abdominal muscles probably need toning to firm this area. Since the pelvis had to shift in order for the infant to be born, it must return to its normal position after the birth.

After giving birth, the mother has a discharge known as ***lochia*** that flows from the vagina. This discharge contains blood, mucus, and tissue debris. This discharge is bloody at first; then it turns a brown color and eventually becomes colorless before it disappears completely in about four to six weeks.

If the mother had an episiotomy or vaginal tears, the stitches usually are absorbed into the body and do not have to be removed. Itching and pain may accompany the healing process. Some physicians recommend using a heat lamp to relieve these symptoms. New mothers also may try ice packs, hot baths, pain medication, or sprays containing local anesthetics to numb the area. Before leaving the hospital, a nurse or doctor explains how to clean the area and ease the pain and itching that may be present. If a hot bath is used to relieve these symptoms, a new mother should be aware that she should wait a few days after delivery to take a tub bath in order to avoid infection. The tub should be cleaned thoroughly before use so that no bacteria are present.

Breast Changes

While some parts of the mother's body are returning to their normal state, other parts are still changing for functions that must be carried out after the birth. The mother's breasts begin to produce milk two to three days after delivery unless there has been no breast stimulation or medication has been taken to prevent milk production. When the infant is born, a thin, sticky fluid known as ***colostrum*** is secreted from the breasts to nourish the infant until the milk begins to flow. The colostrum is rich in protein and can be a great advantage to the infant because it contains antibodies that help the infant fight infection.

A breast-feeding mother may experience cracked nipples. The nipples are more prone to cracking when they are moist. Therefore, breast-feeding mothers should keep their nipples dry when they are not feeding their infants. This can be done by exposing the nipples to air for fifteen to twenty minutes or by blowing them with a hair dryer after feeding the infant. If a new mother experiences cracked nipples, a physician should be consulted. Physicians usually suggest applying a cream such as lanolin to the nipple several times daily. Within several days, the nipple should heal. However, creams or ointments should not be applied to the nipple just before breast-feeding.

Another painful condition associated with the breasts is engorgement. ***Engorgement*** is when the breasts fill with too much milk soon after birth. Engorgement usually occurs two to three days after delivery. When the breasts become engorged, they usually swell, become hard, and feel tender and sore.

In the case of acute engorgement, the infant will have difficulty feeding. Therefore, the mother may need to express her breast milk manually or with a breast pump for a few days until milk production is regulated. Pain may be controlled with the use of ice packs or pain medication prescribed by a physician. A supportive bra should be worn at all times during this period, even while sleeping.

If parents decide to bottle-feed, a hormonal medication can be given shortly after birth that stops milk production. However, these medications often have unwanted and dangerous side effects. If the mother does not want or is not able to take these medications, she will have to tolerate a couple of days of discomfort due to the fullness of the breasts. After the discomfort subsides, the breasts remain full until the production of milk gradually stops.

CONCERNS OF THE NEW MOTHER

A new mother's lifestyle changes after an infant is born. The postnatal period can be filled with questions and concerns regarding many

issues. Some important issues that may be of concern to the new mother include her physical and mental health as well as proper care of the infant.

Health

A new mother's health is important and should not be neglected. If a new mother is breast-feeding, health is especially important to ensure that the infant is getting the proper nutrition. Breast-feeding or not, all new mothers need some time to recover from giving birth and to let their bodies readjust to not being pregnant.

Physical Health. A woman's health may suffer if she does not get enough rest. Lack of rest for parents is common with a newborn at home. The mother's sleep may be interrupted several times during the night to feed the infant. If possible, the father should give the infant an occasional feeding during the night so that the mother's sleep is not interrupted. If the mother is breast-feeding, she can express some of her milk for bottle-feeding. Therefore, someone else can feed the infant while the mother rests. During the day, the mother should try to nap when the infant naps. Naps can help the mother feel rested and refreshed.

For a short time after giving birth, a new mother might experience hot flashes that are caused by the changing hormones in her body. ***Hot flashes*** are sudden sensations of heat that may be accompanied by excessive sweating. Taking frequent baths or showers can refresh the mother when sweating is a problem.

Nutrition and fitness are also important for good physical health after giving birth. Proper nutrition can help the healing process that takes place after giving birth. The uterus and episiotomy or vaginal tears need time to heal just like any other wound. If a woman had a caesarean section, the incisions made in the abdomen need to heal. Proper nutrition can assist in healing these areas in a timely manner. A balanced diet with the right amount of fiber can suppress constipation that is often common after childbirth.

Abdominal exercises can be done to flatten the abdomen and to repair any separation of the abdominal wall muscles that occurred during the pregnancy. A physician can advise a new mother on when she may begin exercising and what types of exercises she can do following childbirth. Exercises should be introduced gradually so that the body is not injured or overworked.

For the mother who is breast-feeding, nutrition is especially important for the infant's well-being. A breast-feeding mother should take in 500 to 800 calories more than she normally would in order to replace the calories lost through the breast milk. Healthy foods should be eaten to replace the nutrients that are most prominent in breast milk. More protein is needed as well as additional calcium and vitamin D. Many physicians recommend that new mothers continue to take the vitamin and calcium supplements that were taken during the pregnancy. In addition to these supplements, iron may be prescribed for the first three months after giving birth. While a new mother may be receiving sufficient amounts of iron, vitamin D, and fluoride, the breast milk she produces still could be lacking in these nutrients. In this case, a physician may recommend giving the infant a supplement with these nutrients.

Many mothers feel thirsty during breast-feeding, so they may want to keep something to

drink such as water nearby at feeding time. Hot drinks should be avoided during feedings because a squirming infant can easily hit them, causing them to spill. A spilled hot liquid can injure the infant, the mother, or both.

While many mothers are concerned with losing the extra weight that accompanied their pregnancies, weight loss should not be accomplished too quickly while breast-feeding. If calorie consumption is greatly reduced after giving birth, the quality and amount of milk produced will be affected. This could prevent the infant from getting enough to eat and enough nutrients necessary for proper development.

While breast-feeding, a mother should avoid substances that can pass from her system into her breast milk and on to the infant's system. These substances include caffeine, alcohol, and some medications. A physician should be consulted about medications to determine if they are safe for a breast-feeding mother to take.

Mental Health. Soon after giving birth, a new mother may feel sad and depressed. This condition is often referred to as ***postpartum depression*** and may last for several weeks. The main cause of this type of depression is the abrupt hormonal change that occurs in the mother's body after giving birth.

In addition to the hormones, other factors contribute to the depressed feeling. These factors can include lack of rest, worry about being a good parent, personal appearance, the attention of others focused on the infant, and a change in routine. For a woman who is a mother for the first time, this depression can be frightening and confusing. Women who have experienced this feeling before may be better prepared to handle it, knowing that it will soon pass with no lasting effects. However, if severe depression is present, professional help may be required.

Postpartum depression can be lessened in several ways. Most important, a new mother needs to get as much rest as possible. She should not worry about getting everything done at home in addition to caring for the infant. A supportive partner or other family members can help by preparing meals, completing chores, and caring for the infant. This relieves some of the pressure the mother feels to accomplish all tasks. The new mother also needs reassurance that she is loved, cared for, and a good mother.

Caring for the Infant

Most new mothers worry that they are not caring for their infants properly or that they are not good mothers. This particularly may be the case when the labor was difficult or something went wrong and an emergency caesarean had to be performed. The mother may feel that she failed, and this sense of failure can cause her to

> The joys of parents are secret, and so are their griefs and fears.
>
> —Francis Bacon
> 1561-1626

doubt her parenting abilities. However, the mother is not to blame for what happens during labor, and she needs to remember that there is no set way to care for an infant. Different methods work for different people, and parents should not feel that they are doing something wrong because they are doing it differently from someone else.

If a mother is unsure about her ability to parent, physicians and publications can be consulted for advice. However, a mother may often find or receive conflicting information. A mother may need to look at all of her choices and make a decision on what will work best for her and her infant.

CONCERNS OF THE NEW FATHER

One of the biggest concerns a new father may have is his ability to provide for the family. Often, the father feels that it is his responsibility to provide for all the needs of the family. The father may worry about having enough money, paying bills, and keeping a good job. When the father feels that it is his responsibility to provide an income for the family, he may feel that he does not need to spend much time helping around the house or caring for the children. However, a father's help is needed and greatly appreciated at home. A new mother needs time to relax or be alone after a hard day of work at home just as much as the father does after a day at his job.

A new father also may be concerned about the postpartum depression a new mother might suffer. However, the father can be of great help to the mother during this difficult period. A new father can be supportive of his wife and reassure her that he loves and approves of her and thinks she is a good mother. The father needs to understand the causes of postpartum depression and realize that it will pass.

During the postnatal period, the father may need to pay more attention to the family's needs with a great deal of understanding. The new mother might not have time for things she attended to before the birth. Other children as well as the husband may feel left out or ignored when the mother's attention is focused primarily on the infant. Parents need to realize that this can happen, and they should communicate in order to keep problems from arising. The father and other family members should offer help and support to relieve some of the stress the mother feels during this time. Parents also need to work at spending time on their relationship with each other.

A new father also might worry about his skills as a parent. He may feel clumsy or inadequate when caring for the infant. He may be afraid to be alone with the infant for fear that something will happen that he cannot handle. Fathers need to realize that mothers have many of the same fears. A father can be just as competent at parenting as a mother. Both parents need to develop their parenting skills if

they do not have previous parenting experience. By learning about parenting and practicing new skills, parents may gain confidence in their abilities.

Another concern that is becoming more common for new fathers is the decision about who will return to work if one of the parents is going to stay home with the infant. After the mother recovers from giving birth, she may decide to return to work. If the parents have agreed that one of them will quit working in order to spend time at home, they must decide which one will work and which one will stay at home. Many times, the decision is purely an economic one based on which job pays more money. However, the decision can be based on the parents' needs or desires to work or stay home with their child. The mother may feel a great desire to return to a fulfilling job while the father may feel that he would be happier staying at home to enrich his child's life.

The decision about who will have the career can be more challenging for the father since a traditional father rarely chooses not to work. He may be apprehensive about the attitudes and opinions of his friends and relatives who do not see things the way he does.

During the postnatal period, the father has as many concerns and adjustments to make as the mother. While his concerns and adjustments may be different from those of a woman who has recently given birth, they are just as important and should be discussed and addressed in order to promote a positive environment for the new family.

Summary

- The postnatal period is the time immediately after the birth of the infant. The postnatal period generally lasts from several weeks to a few months.
- Changes that occurred in the woman's body during pregnancy begin to reverse after childbirth so that her body returns to the state it was in before the pregnancy. The majority of these changes occur in the abdomen and breasts.
- The uterus heals and shrinks to its normal size through contractions. These contractions may cause pain.
- The mother's breasts begin to produce milk two to three days after delivery. Before this time, a thin, sticky fluid known as colostrum is secreted from the breasts to nourish the infant until the milk begins to flow.
- A breast-feeding mother may experience discomforts such as cracked nipples and engorgement. A physician can advise a new mother on how to alleviate these conditions.
- A new mother's lifestyle changes after an infant is born. Some important issues of concern to the new mother may include her physical and mental health as well as proper care of the infant.
- A woman's health may suffer if she does not get enough rest. Lack of rest for parents is common with a newborn at home. During the day, the mother should try to nap when the infant naps. Naps can help the mother feel rested and refreshed.
- Nutrition and fitness are important for good physical health after giving birth. Proper nutrition can help the healing process that takes place after giving birth. Exercises can be done to tone and repair abdominal muscles.
- The abrupt hormonal change that occurs in the mother's body after giving birth can cause postpartum depression that may last for several weeks. Other factors such as lack of rest, worry about being a good parent, personal appearance, the attention of others focused on the infant, and a change in routine can contribute to the feelings of depression.
- Most new mothers worry that they are not caring for their infants properly or that they are not good mothers. However, there is no set way to care for an infant. Different methods work for different people.
- During the postnatal period, the father may need to pay more attention to the family's needs with a great deal of understanding. The father and other family members should offer help and support to relieve some of the stress that the mother feels during this time.

Vocabulary

colostrum
engorgement
hot flashes
lochia
postnatal period
postpartum depression
postpartum period

Review

1. What is the postnatal period, and how long does it last?
2. Where in a woman's body do the majority of changes take place after giving birth?
3. How does the uterus change after giving birth?
4. Explain breast changes and problems that can occur during the postnatal period.
5. Why is the mother's physical health important when recovering from childbirth?
6. Discuss the importance of nutrition for the breast-feeding mother.
7. What causes postpartum depression and how can it be lessened?
8. Explain parents' concerns about proper infant care.
9. What concerns might the new father have during the postnatal period?

Critical Thinking

Research the postnatal experiences of parents from different generations, including new parents. Gain information through interviews with grandparents, great grandparents, friends, and other relatives. Compare and contrast their experiences. How have attitudes and experiences changed through the years? What type of postnatal experience would you want to have based on the interviews?

6

Prevention and Control of Disease

ESSENTIAL ELEMENT

- ❑ Describe responsible behavior in prevention and control of disease.(e1D)

OBJECTIVES

- ❑ Identify the health needs of children.
- ❑ Discuss diseases that threaten children.
- ❑ Evaluate methods of preventing and controlling disease.
- ❑ Analyze the effects of healthful lifestyles on the prevention and control of disease.

Young children have their lives before them. Children's health affects the way they grow, learn, create, and behave. Parents are responsible for the well-being of their children. They must be able to identify the health needs of their children and be aware of diseases that threaten all children. Parents must do what is necessary to prevent and control disease.

HEALTH NEEDS OF CHILDREN

Parents and caregivers must be familiar with health needs that affect children in order to maintain healthy bodies. These health needs include the following:

- nutrition
- rest
- exercise
- professional medical care

Nutrition

Nutrition plays an important role in the prevention and treatment of certain diseases and health problems. The body's ability to resist disease is directly related to nutritional health. Parents and caregivers need to understand basic nutrition in order to plan nutritious meals and snacks for children.

Nutrients found in food are essential for overall health and well-being. Although nutrients do not cure an illness as medicines do, the well-nourished body is better prepared to fight disease and keep itself healthy. Preventive nutrition is the process of maintaining good health and well-being through good nutrition practices before illness occurs.

Nutritional Requirements. *Nutrients* are life-sustaining substances that nourish and promote the growth of the human body. The six basic nutrient groups are the following:

- proteins
- carbohydrates
- fats
- vitamins
- minerals
- water

Most foods contain several nutrients. For example, meats contain minerals as well as protein and fat. No one food contains all of the nutrients necessary for the body to function effectively; therefore, children should eat a balanced diet that incorporates the six basic nutrients as well as appropriate servings from the basic food groups. The basic food groups include the following:

- protein foods
- vegetables and fruits
- breads, cereals, and other grain products
- milk, cheese, and yogurt products

Proteins are needed for growing and forming new tissue; maintaining and repairing tissue; forming enzymes, hormones, and antibodies; providing energy; and regulating bodily processes. During times of rapid growth, the body needs more protein. These periods for children include infancy and adolescence. Good sources of protein include milk, cheese, eggs, meats, nuts, beans, and peas.

Carbohydrates furnish most of the energy needed by the body to move, perform, work, and live. The body needs energy for voluntary functions (functions a person can control). Talking, walking, and running are voluntary functions. The body also needs energy for involuntary functions (functions a person does not control). Digestion and breathing are involuntary functions. Carbohydrates help the body use fats efficiently and provide bulk or fiber for the body. Sugars, starches, and cellulose are the three forms of carbohydrates. Sugars are found in fruits, honey, and many other foods such as cakes and cookies. Sugars are simple carbohydrates. Starches are found in breads, noodles, cereals, and some vegetables, such as potatoes and corn. Cellulose is found in vegetables, fruits, and whole grain cereals. It is commonly referred to as fiber or roughage and is the fibrous material found in plants. Starches and cellulose are complex carbohydrates.

The Dietary Guidelines for Americans, compiled by the U.S. Department of Agriculture and the U.S. Department of Health, suggest that individuals increase their intake of complex carbohydrates and decrease their intake of simple carbohydrates. Diets low in simple carbohydrates and high in complex carbohydrates are generally lower in fat and calories and higher in fiber, vitamins, and minerals than diets high in simple carbohydrates and low in complex carbohydrates.

Fats provide the body with another source of energy. The term *lipid* is often used interchangeably with the term *fat*. Lipids in their simplest forms are called fatty acids. In the body, ***lipids*** store unused energy and help the body use certain vitamins. The functions of fat in the body include the following:

- provide energy
- transport and absorb fat-soluble vitamins
- cushion vital organs in the body
- supply essential fatty acids
- comprise part of the structure of body cells
- satisfy appetites by delaying hunger
- insulate the body
- serve as protection for nerves and blood vessels

Fats are found in meats, cooking oils, butter, nuts, and in many baked goods, desserts, and snacks. Fats add flavor to foods.

Foods rich in carbohydrates and fats generally contain many calories. ***Calories*** are the measurement of the amount of energy available in foods. All foods have calories, but some foods have more than others. When a person consumes more calories than the body needs, the extra energy is stored in special fat cells in the body.

Vitamins are nutrients required by the body in small, specific amounts. A well-balanced diet supplies vitamins in the proper amounts. Vitamins taken in excess of need are of no value and can be toxic. Each vitamin helps the body with one or more specific activities. Some of the vitamins and their functions are described in the following paragraphs.

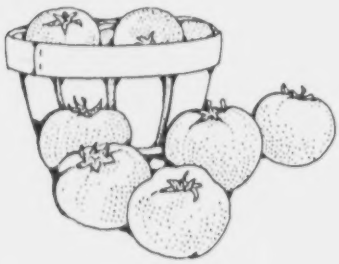
Vitamin A promotes healthy skin and vision as well as normal growth. A lack of vitamin A can cause night blindness. Young children deficient in vitamin A might be affected by a serious delay in bone growth. Good sources of vitamin A include yellow and leafy green vegetables such as carrots, sweet potatoes, and broccoli. Vitamin A also is found in milk, liver, egg yolks, and oranges.

Vitamin D helps the body use minerals needed for bone and tooth development. Vitamin D is formed in the skin when sunlight is absorbed through the skin. However, it is difficult to get enough vitamin D from exposure to the sun. For this reason, most milk is fortified with Vitamin D. If a person drinks the recommended amount of fortified milk, the requirement for vitamin D will be met.

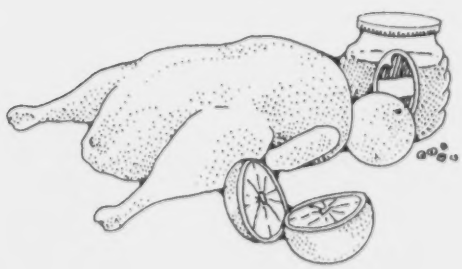
The ***B vitamins*** include several related vitamins. They are important in the breakdown of carbohydrates, fats, and proteins during digestion. Individual B vitamins may serve other specific functions in the body. For example, vitamin B_{12} is needed for growth and blood formation. A lack of vitamin B_{12} can cause anemia or digestive disorders. Sources of B vitamins include liver or other organ meats and enriched or whole grain breads and cereals.

Vitamin C, or ascorbic acid, helps the body use some minerals. Vitamin C also plays an important role in the healing process as new tissue is formed. Signs of vitamin C deficiency include bleeding or swollen gums, slow healing of injuries, and a poor appetite. Vitamin C

cannot be stored in the body. Therefore, it is necessary to include a source of vitamin C in the diet each day. The best sources of vitamin C are citrus fruits, cabbage, cauliflower, and tomatoes.



Minerals are necessary for building bones, tissues, and other compounds as well as for regulating body processes. Specific minerals can play a variety of roles in body functions. For example, calcium and phosphorus are especially important for bone growth and hardening, as well as for the formation of teeth. Good food sources for calcium and phosphorus include milk, cheese, and foods made from milk and cheese. The mineral ***iron*** is necessary for healthy blood. A lack of iron can cause ***anemia***. An anemic person may be pale, have a poor appetite, and be tired much of the time. To get enough iron, people must include meat, spinach, and dried fruits in the diet.



Water is necessary in the body for many reasons. First, it acts as a solvent for nutrients and hormones. Second, it acts as a transport mechanism for nutrients to cells and for ridding the body of waste products. Third, water serves as a lubricant in joints; facilitates food passage through the digestive system; and regulates body temperature through conduction of heat, perspiration, and excretion.

Foods Needed by Toddlers and Young Children

Toddlers and young children should receive the same variety of foods as everyone else, but in smaller amounts to suit their smaller needs. They should have the equivalent of two cups of milk each day, but it can be served in three or four portions. Because small children often eat only a small amount at one time, offer them nutritious "meal foods" as snacks such as milk or fruit juice, cut-up fruit, vegetable sticks, strips of cooked meat or poultry, whole grain crackers and peanut butter, or half a sandwich. To get enough calories to grow, many young children may need higher calorie foods such as whole milk.

Adapted from: "Preparing Foods and Planning Menus," Home and Garden Bulletin No. 232-8, United States Department of Agriculture Human Nutrition Information Service, U.S. Government Printing Office: Washington D.C., p. 10.

Water makes up about 60 percent of the human body. The body typically uses two to two and one-half liters of water per day. It is recommended that a daily diet include at least eight, 8-ounce glasses of water. Water is found in beverages, soups, and milk. Water makes up a large percentage of many foods including the following:

- vegetables 87 percent
- fresh fruits 86 percent
- eggs 74 percent
- beef 60 percent
- bread 36 percent

Nutrient and calorie needs for children vary depending on age, sex, body size, and activity level. A variety of foods should be introduced to children. By offering children a variety of foods, they are less likely to desire only two or three food items. Variety in food ensures balance in nutrients.

Effects of Poor Nutrition. Children who do not eat properly often lack the energy to engage in active play. They may be quiet, withdrawn, or seem not to care about many activities. They become ill more easily than other children and stay sick longer than well-nourished children. Poorly nourished children may be injury or accident prone. They may be less alert and slower to react because of low blood sugar.

Obesity (weighing more than 20 percent above average for age, height, and bone structure) is another nutritional problem among some young children. An obese child may be slower, less coordinated, more accident prone, and subject to teasing by other children. In each of these situations, the child's physical, emotional, and social well-being may be affected. Obesity is not always caused by eating too much or by lack of nutrition in the diet. Genetic factors, severe emotional stress, or physical damage to specific parts of the brain may be factors contributing to obesity in some children.

Rest

Another aspect of staying healthy, both mentally and physically, is rest. Rest is especially important to children because their bodies are rapidly growing and changing. Newborns may sleep twenty hours or more each day. By the end of the first year, however, most infants will sleep fourteen to eighteen hours per day. This would include ten to twelve hours at night with morning and afternoon naps.

Toddlers and preschool age children are very active and need adequate rest. Most preschoolers need ten to twelve hours of sleep at night and a nap during the day. Even when young children do not sleep during nap time, it is best if they lie down and rest. Children are able to relax and rest more easily if caregivers are consistent and follow a specific routine or schedule for resting and sleeping. For toddlers and preschoolers who have a difficult time relaxing and falling asleep, caregivers may try turning lights off, closing shades or blinds, and playing soft, relaxing music.

Caregivers should try to avoid allowing children to stay up late. Many children are in child care during the work week. Children who do not get enough sleep may have a difficult time participating in planned activities. It is important for children to receive enough sleep and rest to participate fully in activities.

During adolescent years, the need for sleep changes and levels off to approximately seven to eight hours per day.

Exercise

Exercise is an activity for the primary purpose of training or developing the body.

Exercise is essential to allow all the body's inner systems to grow, develop, and function. Respiratory, circulatory, digestive, and elimination systems function properly when exercise is part of a healthy lifestyle. An increase in physical activity may contribute to a healthy lifestyle for overweight children as well.

Scheduling a physical workout routine may be suitable for an adult but is not recommended for a school-age or teenage child. A positive and productive approach to physical exercise would be to encourage the child to select a sport or physical fitness activity. These activities assist in burning calories and help the child develop socialization skills and enhance self-esteem. Soccer, gymnastics, and dance are popular activities that promote exercise.

Professional Medical Care

Parents are responsible for providing their children with professional medical care when necessary. Children need to see a physician when they are ill and for regular checkups to ensure they are growing and developing properly. They also must receive prompt medical attention for emergencies and be protected from serious diseases by immunization.

Immunizations. Every child needs protection against infectious disease. Immunizations were developed to provide this protection. An ***infectious disease*** is one that can be transmitted from person to person through an exchange of bodily fluids. An ***immunity*** is the body's protection against certain diseases. Immunities can be developed by vaccination. ***Vaccination***, or immunization, involves the injection or oral ingestion of a vaccine in order to create an immunity. A vaccine contains a small amount of the disease germ. After vaccination, a person's body produces antibodies that fight off the disease germs. If children are exposed to a disease for which they have been vaccinated, they will either not catch it or only develop a mild form since they have the antibodies to fight it.

All children must receive immunizations at certain times during their childhood and adolescent years. Community health clinics offer free immunizations to the public. Parents should keep careful records of their child's immunizations. These records and a doctor's statement are required upon entering school or child care centers. Table 6.1 identifies the required immunization schedule.

Regular Checkups. Regular medical checkups by health care professionals and doctors should be a part of every family's routine. A regular health care routine will enable the health care professional to become familiar with each patient. Medical files are established for each patient making diagnosis and treatment an easier task.

Some children may develop a fear of health care professionals after the first immunization. Other children may dislike being undressed and

examined or having measurements taken for height and weight. Most children enjoy their visits to the doctor but may have a difficult time sitting still during the examination.

A sensitive doctor will have techniques to calm children prior to the examination. Parents should not scold or discipline children for their uneasiness with the examination. An upset or disturbed parent only makes the situation worse. Parents can talk to children about the visit and help them understand what to expect. Children feel less anxious when they understand what will be done and why it is necessary.

Age	Immunization
2 months	Diptheria, Tetanus, Pertussis (DTP) (1st) and Oral Polio (1st) Haemophilus b Conjugate
4 months	DTP (2nd) and Oral Polio (2nd) Haemophilus b Conjugate
6 months	DTP (3rd) and Oral Polio (3rd), Haemophilus b Conjugate, Measles (Plain)
12 months	Tuberculin test
15 months	Measles, Mumps, and Rubella (MMR)
18 months	DTP (booster) and Oral Polio (booster)
4-6 years	DTP (booster) and Oral Polio (booster)
10-12 years	Measles, Mumps, and Rubella (MMR)

Table 6.1

Regular dental checkups and eye examinations also are an important part of maintaining good health. Tooth decay (cavities) occurs when the diet is lacking the essential nutrients to maintain good health or when dental hygiene is poor. Maintaining good dental hygiene and visiting the dentist regularly helps combat tooth decay. Eye examinations are important, too. If parents suspect difficulties with their child's vision, they should contact a health care professional and schedule an eye examination for the child.

DISEASES OF CHILDREN

Parents and caregivers must understand and recognize symptoms of a child's health. Therefore, they need to be aware of how children look and behave when they are in good health. Healthy children are active, alert, and often noisy. They have clear skin, bright eyes, shiny hair, straight posture, and strong teeth. Their bowel movements are regular and normal. Healthy children sleep soundly and eat without coaxing. Steady weight gain and growing taller are also signs of a healthy child.

Healthy children enjoy both individual and group activities. Familiar surroundings and activities make them feel happy, content, and secure. They are curious and excited about new experiences. Healthy children usually trust others and are free from unnecessary worry. A positive self-image is common for healthy children.

Sick children usually have short attention spans and less energy than healthy children. Sick children are often cranky and irritable and may cry easily. They may get into fights or minor conflicts more often than they do when they are healthy.

Many childhood diseases occur suddenly. Often the signs and symptoms of these are easy to recognize. Some of the symptoms to look for include the following:

- runny nose, sneezes, coughs
- flushed face and hot, dry skin
- raised temperature
- unusual paleness or coldness
- large amounts of sudden sweating
- sore throat
- hoarse or husky voice
- swollen throat glands
- watery or glassy appearance of the eyes
- pain in ear, head, chest, stomach, abdomen, or joints
- nausea, vomiting, diarrhea
- rash, bumps, or breaking out of skin
- stiff back or neck
- convulsions, seizures, or attacks during which a child stiffens and twitches

Some diseases develop gradually. The symptoms may be difficult to recognize, especially in the early stages. Screening and other health assessment methods are used to detect these diseases.

When a disease can be passed easily from one person to another, it is called contagious. ***Contagious diseases*** are passed by contact with a diseased person or with an object that a diseased person has used. The sneeze, cough, kiss, or handshake of a diseased person may carry the disease germ that can be passed easily to another person. Each disease has an incubation period. An ***incubation period*** is the period between the time when the disease first enters the body and the first signs or symptoms appear.

In group settings, children are exposed to disease more often than they are at home. Some research studies have found that children involved in child care outside the home are sick more frequently than children not enrolled in child care. Some diseases have been identified as prevalent among children in group child care. These include the following:

- upper respiratory infections (colds)
- diarrhea
- conjunctivitis (inflammation of the eye or pinkeye)
- impetigo (bacterial skin infections)
- strep infections

All children need immunization against the following diseases:

- diphtheria
- measles
- mumps
- polio (poliomyelitis)
- rubella (German measles)
- tetanus
- whooping cough (pertussis)
- Haemophilus influenza type b bacterium which causes meningitis and other diseases

Some diseases are found in people of all ages, but many of the diseases identified in table 6.2 primarily affect children during their growing years.

PREVENTING AND CONTROLLING DISEASE

Prevention is the best way to fight disease. Health assessment is one important step in prevention. Other disease prevention procedures for children include the following:

- climate control
- appropriate dress
- hygiene practices
- proper nutrition
- health education
- health records

Climate Control

The physical climate affects illness prevention. Temperatures that are too warm or too cool may contribute to certain illnesses, particularly upper respiratory illness. In dry climates and/or in winter, humidity can be added to the air to increase the comfort level.

Good ventilation is also important. Children may become drowsy in rooms with poor air circulation. As a result, children may have behavior problems. Doors and windows should be opened for fresh air when the weather permits.

Appropriate Dress

A child's clothing should be selected to provide comfort within the physical climate of the home or child care center. Temperature levels in a child care center may be very different from temperature levels in homes. Parents may need special instructions about how best to dress their children for indoor and outdoor activities at the child care facility.

Hygiene Practices

Hygiene is the practice of cleanliness and sanitation and relates to stopping the spread of germs. Good hygiene should be used at all times, especially with infants and young children. Adults are role models and should incorporate good hygiene into their lifestyles. Once a family member contracts a contagious

Diseases that Threaten Children

Disease	Symptoms	Cause	Incubation	Appropriate Care
AIDS (acquired immune deficiency syndrome)	Swollen lymph nodes; low-grade fever; sore throat; persistent colds; unexplained weight loss; persistent, severe diarrhea	Human Immunodeficiency Virus (HIV)	5-10 years	Physician care; moral support, good nutrition, good hygiene
Chickenpox	Fever; weakness; red, itchy rash on chest and back	It is spread by breathing in infected droplets or by contact with the ruptured sores of someone who has it.	2 weeks	Restrict to bed rest for 1 week. Keep away from other children. Use Acetaminophen to control fever. Keep skin clean by giving frequent baths. This also helps sooth itching. Anti-itch medicine may be applied. Disease lasts 7 to 10 days.
Croup	Loud, brassy cough; breathing difficulties; hoarse voice that worsens at night	A viral infection of the larynx (voice box), trachea (windpipe), and bronchial tubes. It occurs most often in children ages 3 months to 5 years.	2 to 5 days	Being in a steamy bathroom for 10 minutes is helpful in reducing the cough and swellling. Comfort child with cuddling, reading, or playing to eliminate fear caused by the loud cough. Give child clear and warm liquids. Parents should listen for a worsening condition at night.
Diptheria	Sore throat; nasal discharge; fever; thick gray membrane covering the throat and tonsils; rapid pulse	Infection occurs by inhalation of airborne droplets exhaled by a person with the disease. It attacks the respiratory system.	2 days to 1 week	The vaccine is part of a booster shot that includes pertussis and tetanus. Isolate child and confine to bed rest for 10 to 14 days. Give child liquids and soft diet.
Hepatits A	Fatigue; profound loss of appetite; yellowish skin; dark brown urine; light colored stool	Viral infection causing inflammation of the liver.	2 weeks to 1 1/2 months	Consult physician. Restrict child to bed rest. Keep away from other individuals for 1 week. Notify health department so that those exposed to the child may be treated.
Impetigo	Blisters that break and form crusty sores that contain yellowish pus	Strep or staph organisms	4 to 10 days	Keep the child clean and enforce handwashing procedures. Use an antibiotic ointment.
Influenza (flu)	Sudden chills; runny nose; sudden high fever; headaches; body aches; sore throat; cough	Viral infection	24 to 72 hours	Consult physician. Child should stay warm and drink plenty of liquids. Restrict child to bed rest for at least 3 days. Avoid extensive contact with other children. Use Acetaminophen to control fever.

Table 6.2

Disease	Symptoms	Cause	Incubation	Appropriate Care
Measles	Fever; coughing and sneezing; swollen eyelids; sore throat; tiny white spots on the lining of the cheek; rash	Measles is caused by a virus that is transmitted by inhaling infected droplets such as from a sneeze. It is most contagious before the rash appears.	10 to 14 days	See a physician. Child should be kept in bed for the duration of the fever. A child with sensitive, swollen eyes and eyelids should be kept in a darkened room and avoid activity that may lead to eye strain until the swelling and discomfort disappear. All children should be vaccinated for measles at about 15 months.
Meningitis	Fever; stiff neck; nausea; vomiting; loss of consciousness	Bacterial or viral infection	2 to 10 days	Consult a physician. Avoid contact with other children until medical release. A spinal tap is the only way to positively diagnose meningitis.
Mumps	Swollen and painful salivary glands; fever; weakness and fatigue; boys also may have painful swelling in testicles	Virus is spread by inhalation of infectious droplets. It is most contagious during the first four days. As swelling decreases, the person is less contagious.	14 to 28 days	See a physician. Bed rest and a liquid diet are recommended. Acetaminophen should be given for pain and discomfort. Children should be vaccinated at 15 months. The vaccination may be received in a combination Measles/Mumps/Rubella vaccine.
Pertussis (whooping cough)	Sneezing; nasal congestion; tearing; loss of appetite; hacking cough that ends with a high-pitched whoop; vomiting	It occurs in infants less than two years old and is contracted by the inhalation of infected airborne droplets often from an adult who has a mild case.	10 days to 2 weeks	See a physician. An antibiotic should be prescribed. Cough medicines will do very little for whooping cough. Infants who contract the disease may recover faster if hospitalized. A soft diet with bed rest is recommended. Get medical clearance before returning child to school or vigorous play. The vaccine is part of a booster shot that also includes diptheria and tetanus.
Pinkeye	Reddened eyes; yellowish white pus drains from eyes; eyelids are stuck together upon awakening	Viral or bacterial infection; often with a cold, ear infection, or upper respiratory infection	24 to 72 hours	Avoid contact with other children until the treatment begins. Enforce handwashing procedures. The disease spreads easily through contact. If possible, keep the child home until the infection is gone.
Poliomyelitis	Fever; headaches; muscles of neck and back become stiff; sore throat; vomiting; muscles become painful and tender and paralysis soon follows	A virus attacks the gray matter of the brain and spinal cord.	4 to 13 days	Seek medical attention immediately. Isolation and bed rest are recommended during the acute phase of the infection. When paralysis occurs, recovery may take several months. Children must be vaccinated.

Table 6.2—Continued

Disease	Symptoms	Cause	Incubation	Appropriate Care
Ringworm	Dry, circular patches on the skin; bare spots on scalp	Fungal infection that lives in dogs, cats, and humans.	10 to 14 days	Avoid contact with other children. It spreads easily from person to person.
Rubella (German Measles)	Rash; mild fever	It is transmitted by inhalation of droplets that carry the virus.	2 to 3 weeks	Seek medical attention. Keep children at home until fully recovered. It is very dangerous for pregnant women who contract the disease. The vaccine is given to children at 15 months.
Scabies	Severe itching and scratching; small raised reddened areas on the skin; gray or black lines under the skin	Skin infection caused by an insect mite that burrows under the skin and lays her eggs.	3 to 4 days	Avoid contact with other children. Contact the health department to inquire about treatment for other individuals who have come in contact with the disease. Wash all clothes, linens, and towels used by the child in hot water and dry them in a hot dryer.
Scarlet Fever	Fever; headaches; sore throat; vomiting; swollen lymph nodes; rash on neck and chest within 12 to 36 hours	It is caused by a streptococcal bacteria. It was once a very serious childhood illness. Today, it is rare. The onset is sudden and begins with a sore throat, high fever, and vomiting.	immediate onset	Give plenty of water unless the person is vomiting. Bed rest is recommended. See a doctor. Penicillin or another antibiotic may be prescribed for a minimum of 10 days. Children with scarlet fever usually recover within a week. Parents should watch for complications which might include earaches and/or inflamed neck glands.
Sore Throat	Sore, scratchy throat; difficulty in swallowing; possible fever	Upper respiratory virus. Also associated with strep throat and mononucleosis.	2 to 5 days	Keep child away from other children until the cause of the sore throat is determined.
Strep Throat	Fever; headaches; sore throat; vomiting; swollen lymph nodes	Streptococcal bacteria	immediate onset	See a physician. Penicillin or another antibiotic may be prescribed for a minimum of 10 days. Give child plenty of water, unless vomiting persists. Bed rest is recommended.
Tetanus (lockjaw)	Stiffness of jaw, neck, and muscles; irritability; spasms of the jaw and neck muscles; convulsions	Tetanus is caused by bacteria whose spores are found in soil.	8 to 12 days	Consult a physician if child is not immunized against Tetanus. It may be necessary to open and clean the wound and to treat the child with antibiotics. Muscle relaxants are often used to relieve muscle spasms.

Table 6.2—Continued

disease such as a cold, preventing other family members from catching it is often difficult. Parents and other caregivers should practice and encourage good hygiene by following these guidelines:

- Wash hands thoroughly with soap and water.
- Avoid touching the mouth and nose.
- Keep children from kissing pets.
- Use a disinfectant in the kitchen, bathroom, family room, and nursery.

Teaching good hygiene, sanitation practices, and healthy lifestyles to children is important, and it is much more successful when all family members follow the same practices.

Hand Washing. The spread of disease and infection can be controlled by washing hands. Hands should be washed using warm water and soap. The palms, tops of hands, and between fingers should be washed thoroughly and dried with a clean cloth or paper towel. Hands should be washed before and after handling food, after touching any part of the face, after changing a diaper, and after using the toilet.

Coughing. During the winter, colds and flu are prevalent. Coughing usually occurs. Turning the head away from other people and covering the mouth are appropriate hygiene practices. Adults who model this behavior for young children are establishing good hygiene practices.

Preparing Infant Formula. Before infant formula is prepared, hands should be washed thoroughly with soap and warm water. Bottles and nipples should be sterilized until the baby is six months old. Boiling bottles on the range top, placing them in a dishwasher, or using a bottle sterilizer are all acceptable methods.

Before sterilizing, wash all feeding equipment with detergent and water. A nipple brush and bottle brush will help clean them thoroughly. If an automatic dishwasher is used, all the bottles should be rinsed thoroughly to avoid a detergent residue that may irritate a baby's digestive system.

Proper Nutrition

Nutrition is especially important when children are ill. Unless the doctor states otherwise, small amounts of food from each food group are suitable for sick children. A lack of appetite is common when children are ill, however, and they should not be forced to eat. Water is usually recommended, especially when children have fever. However, if a child's stomach is unsettled and vomiting occurs, water should be avoided since it may cause more vomiting.

Bland and liquid diets are usually recommended when children are ill. A bland diet is one of soft, smooth, slightly flavored foods. This diet might include soups, hot cereals, casseroles, puddings, gelatins, and eggs. A liquid diet is prescribed to ease digestive problems. Foods in liquid form are used more quickly by the body, help regulate body temperatures, help avoid dehydration, and assist with the elimination process.

A liquid diet may include the following foods:

- pudding
- ice cream
- soups
- fruit juice
- carbonated soft drinks
- thin, cooked cereals

The nutrient needs of children can be met by their eating a variety of foods from the basic food groups and receiving the daily requirements for their age. When children are enrolled in child care or school, parents must be certain that the meals children eat away from home provide nutrients to help children meet daily nutritional needs. In child care centers, state licensing regulations list minimum standards based on the hours per day the child is in child care. The director of a child care program is responsible for planning nutritious meals and snacks.

Health Education

Health education is important in helping children protect and improve their health. Parents and other caregivers must work together to teach children the basics of good health. Young children are eager to learn. Health habits and attitudes learned early in life are usually long-lasting. The following practices should be stressed when teaching children about good health:

- personal cleanliness
- nutrition
- dental hygiene
- sleep and rest
- body awareness
- good posture
- play and exercise
- dressing for the weather
- feelings and emotions
- self-image
- interactions with others

Children learn good health habits by example. Parents should not only model the health behaviors they expect their children to learn, but they should also explain the reasons for their actions. Adults' bodies, hair, nails, and clothing (including shoes) should be clean and neat. Hair should be cut, tied back, or clipped so it does not get in the eyes or in the way. Fingernails should be trimmed, clean, and short so that children are not accidentally scratched and germs are not spread. Parents should dress appropriately for the weather conditions and for the indoor temperature, and they should wash their hands frequently and properly dispose of tissues used for covering coughs and nose blowing.

A growth chart and scales for weighing children show children they are growing. Books, educational videos, puppets, and other audiovisual materials can be used to help children learn to practice good health habits.

Health Records

Maintaining accurate and accessible health records is important to provide the best possible health and emergency care for children. Personnel at schools or child care centers may ask for a copy of these records.

Health records of children should include the following information:

- complete child and family health history
- a copy of a recent physical examination
- immunization records

- emergency information
- dental records
- directions for giving medication
- list of names of medications and dosage taken
- record of all accidents and injuries, regardless of their seriousness
- detailed health records for handicapped children, children with chronic illness, and children with progressive diseases

Children in past generations often died of diseases that can be controlled today. Almost all families of the past had at least one child die from disease.

HEALTHFUL LIFESTYLES

Everyone must strive to maintain good physical health. Parents are responsible not only for themselves, but for their children as well. In order to take care of their children, parents must keep themselves healthy by leading healthful lifestyles. A healthful lifestyle includes regular medical checkups, proper nutrition and hygiene, and behavior that does not put people in dangerous or risky situations. Parents and caregivers should strive to maintain their own health and to provide a healthful environment for their children.

Maintaining Physical Health

Parents should remember that children are dependent upon their parents to take care of them and provide food, clothing, shelter, and other needs. To keep themselves healthy so that they can care for and enjoy their children, parents should schedule routine medical and dental checkups. When parents are sick, they should see a physician as soon as possible so that they will be able to continue to care for children or resume caring for them as soon as possible.

Maintaining a Clean Environment

The environment is all the surroundings that affect children. Although parents cannot totally control a child's environment, they can control the child's home environment. Keeping a home clean and tidy may be difficult for many families with children. However, to reduce the spread and growth of bacteria that cause illness, parents should try to keep kitchens, bathrooms, and play areas as clean as possible. Children often enjoy helping parents do chores and can learn responsibility by putting away their own toys. Items left on the floor can be harmful for children and adults who could be injured by tripping over the items. For the health of the entire family, parents should make sure the home is as clean and safe as possible.

Because of the findings of recent studies, secondhand smoke—the smoke released from a cigarette that someone else is smoking—has become a concern for parents. Those who inhale the secondhand smoke take in some of the same harmful elements that cause cancer and other diseases in smokers. It has been shown that children of smokers have a greater chance of developing certain illnesses such as the following:

- colds
- bronchitis and pneumonia
- chronic coughs
- ear infections
- reduced lung function

The more smoke a person is exposed to, the greater the risk. Parents who smoke should consider the risks to their health and the health of other family members. Programs are available to help people who have decided to quit smoking, and many people have successfully stopped smoking. Regardless of whether or not parents, friends, or relatives smoke, parents can protect their children by not allowing smoking inside the home.

Summary

- Nutrients found in food are essential for overall health and well-being. Although nutrients do not cure an illness as medicines do, the well-nourished body is better prepared to fight disease and keep itself healthy.
- No one food contains all of the nutrients necessary for the body to function effectively; therefore, a balanced diet that incorporates appropriate amounts of the six basic nutrients as well as appropriate servings from the basic food groups is necessary.
- Children are able to relax and rest more easily if caregivers are consistent and follow a specific routine or schedule for resting and sleeping.
- Exercise is essential to aid all the body's inner systems to grow, develop, and function.
- Regular medical checkups by health care professionals and doctors should be a part of every family's routine.
- Hygiene is the practice of cleanliness and sanitation and relates to stopping the spread of germs.
- Children learn good health habits by example. Parents should not only model the health behaviors they expect their children to learn, but they also should explain the reasons for their actions.
- Contagious diseases are passed by contact with a diseased person or with an object that a diseased person has used.
- Immunizations help a child's body develop defenses against disease. Parents are responsible for seeing that children are immunized.
- If children are exposed to a disease for which they have been vaccinated, they will either not catch it or only develop a mild form.
- Parents are responsible not only for themselves, but for their children as well. In order to take care of their children, parents must keep themselves healthy by leading healthful lifestyles.

Vocabulary

anemia
B vitamins
lipids
minerals

calories
carbohydrates
contagious diseases
exercise
fats
immunity
incubation period
infectious disease
iron
nutrients
obesity
proteins
vaccination
vitamin A
vitamin C
vitamin D
vitamins
water

Review

1. What are the six basic nutrient groups and the significance of each?
2. What are some of children's fears about seeing a health care professional? What can parents do to ease these fears?
3. What hygiene practices should be incorporated into a child's daily routine?
4. List five symptoms that may indicate childhood disease.
5. Summarize the importance of immunizations for children.
6. Why is it important to teach young children about good eating habits?
7. Name three hygiene practices that help prevent the spread of disease.
8. What should sick children be given to eat? Why?
9. Name two reasons parents should take care of themselves.

Critical Thinking

Examine the medical history of your parents and/or grandparents. Identify the illnesses or diseases they have encountered. Have these illnesses or diseases had any effect on your personal life? If yes, in what ways has your life changed? How was your parent or grandparent cared for when ill? Have the medications or treatments changed? If so, in what ways?

Research the difference between a viral and bacterial infection. How should each infection be treated? How is each spread? How can each be avoided?

Do you think that in the future there will be a vaccine for every disease? Why? Write a brief paper describing your answer. Include in your paper how you think the following aspects of life would be affected by your answer:

- hygiene practices
- immunizations
- medical research
- daily life

Research infectious and contagious diseases. What are the main differences between the two? Are vaccines available for both types of disease? In the future, do you think infectious diseases will be more difficult to catch or easier? Why?

7

Theories and Principles of Growth and Development

ESSENTIAL ELEMENT

- ❑ Explain various theories and principles of growth and development.(e3A)
- ❑ Describe the interrelationships of the social, emotional, intellectual, physical, and moral development of the child.(e3B)
- ❑ Point out the practices which foster healthy social, emotional, intellectual, physical, and moral development.(e3C)

OBJECTIVES

- ❑ Analyze the principles of growth and development and assess the effect they might have on different children.
- ❑ Compare and contrast the biological, learning, psychoanalytic, and cognitive theories of development.
- ❑ Examine the progression of physical, mental, social, emotional, and moral development.
- ❑ Propose various practices that would promote healthy physical, mental, social, emotional, and moral development.
- ❑ Illustrate the interrelationship between the various aspects of development.

Learning the theories and principles of growth and development is important in order to understand children better, to know what to expect of children at certain ages, and to identify developmental problems. Because many theories about growth and development

exist, it is important to know how experts view the various aspects of child development. This knowledge of theories and principles of growth and development can help caregivers and future parents to better serve children.

PRINCIPLES OF GROWTH AND DEVELOPMENT

The study of how children become adults is called ***child development***. While each child is unique in some ways, each tends to follow certain predictable patterns. These predictable patterns of growth and development are called principles. Principles do not fit any one person exactly but are only general developmental guides.

Growth and Development are Gradual and Continuous

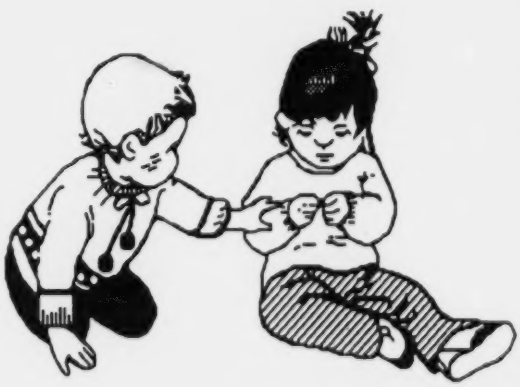
The first principle of growth and development is based on the fact that growth and development take place gradually and continuously. A child grows and develops in small, continuous steps. The ability to walk is not suddenly obtained. It is the result of months of maturing and practice. A child first develops the motor skills required to crawl and pull up into a standing position; then he or she works for weeks or months to develop the skills required to walk. The encouraging aspect of this principle is that good development will not suddenly reverse since it has been gained in a series of unbroken steps. The principle also suggests that a person behind in development can be helped at a later point in his or her life as long as the lag is not associated with the growth of the body. For example, someone who has not learned to read during childhood can still learn, even into late adulthood.

The negative aspect of this principle is that poor growth and development are difficult to reverse. For example, a child who has persistently lacked the nutrients necessary to grow and thrive would require months on a nutritious diet to restore health. If growth in certain areas of the body, such as the bones or brain, has completed during this period of poor nutrition, therapy cannot reverse the growth deficits.

Growth and Development are Constant

People's growth and development is relatively constant throughout their life span. How a child looks and acts today is a good indication of how the same child will look and act in the future. For example, shy two-year-olds tend to be shy adults. Children who are athletic in the early school years are likely to be athletic in high school.

There are two explanations for this constancy. First, people usually live in similar environments for the majority of their lives. For drastic changes to occur in growth and development there must be drastic changes in environment. Second, heredity plays a large role in many of the traits that provide constancy, and heredity does not change.



Growth and Development Occur at Different Rates

Rates of growth and development differ throughout a person's life and from person to person. Through research, experts have charted

the typically rapid and slow periods of growth and development. Height and weight usually increase rapidly in infancy, moderately during the preschool years, slowly in the elementary school years, and rapidly again throughout junior high and high school.

Among children of the same age group, growth and development can differ considerably. Although most children follow the same order or sequence of development, the rate of change varies. This is due to each child's different and unique environmental, motivational, and hereditary influences. Children must live in a good environment for their growth to occur at a healthy rate. If the environment is lacking in some way, growth and development may suffer. Children's personal desires to achieve, or their motivations, also cause differences in their rates of growth and development. Also, heredity determines different growth rates among children. For example, during childhood, females' bones and organs are more mature than those of males.

Growth and Development Happen in Sequence

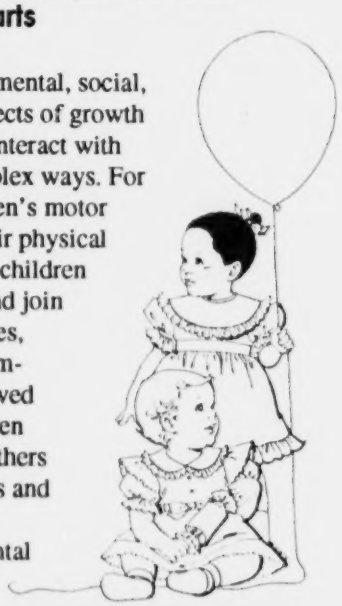
In both physical and mental development, children go through a sequence of stages that can be predicted. These are called ***developmental stages.*** Most children pass through the same stages in the same order. ***Sequence*** is the order in which these changes occur. Although the sequence of changes is the same, the time when these developmental stages occur may be considerably different among children. The age when certain changes occur is not as important as the order of the changes. Age becomes a concern only when a child is extremely slow to develop.

Children learn certain tasks best and most easily at particular points in their development. These tasks are called ***developmental tasks.*** Children do not move on to the next level until they master the tasks for the present level. Several experts have developed theories concerning the tasks that children should master at particular levels of development. Figure 7.1 shows tasks that Robert Havighurst, a psychologist and researcher, identified as needing to occur during two stages of childhood.

The point in a child's development during which he or she is most open and ready to learn a particular task is called a ***sensitive period.*** Trying to teach a child a task before or after this sensitive period will be more difficult and frustrating than teaching the task at the appropriate time. For example, in language development, normal babies coo and babble, even if no one talks to them. However, they may have trouble learning language beyond babbling if they do not begin to hear spoken language during the sensitive period that follows cooing and babbling.

Growth and Development Have Interrelated Parts

The physical, mental, social, and emotional aspects of growth and development interact with each other in complex ways. For example, as children's motor skills improve, their physical skills improve. As children play with others and join in physical activities, their social skills improve. With improved social skills, children can interact with others and exchange ideas and information. This improves their mental skills.



The relationship that each person creates with the world around him or her is a process of mutual influence. Understanding this interrelationship helps adults provide an environment that allows all aspects of development to be expressed and to flourish.

THEORIES OF DEVELOPMENT

A ***theory of development*** is a systematic statement of apparent relationships or underlying principles concerning development. Most developmental theories can be classified in four major theoretical categories: biological, learning, psychoanalytic, or cognitive. Within each category are several theories that generally agree about the relationships and underlying principles that control development, although each theory varies slightly. The principle that divides the categories is about what determines patterns of growth and development. The first argument is that growth and development are determined by heredity. The second is that growth and development are determined by the environment. So, are growth and development determined primarily by internal forces such as traits inherited from parents, by external forces

DEVELOPMENTAL TASKS	
Infancy & Early Childhood	Learning to take solid food Learning to walk and talk Learning control for eliminating body wastes Learning sex differences and sexual modesty Formulating concepts of social and physical reality Achieving physiological stability Learning to relate emotionally to others Learning to distinguish right and wrong and developing a conscience
Middle Childhood	Learning physical skills Building wholesome attitudes toward oneself Learning to get along with others of the same age Learning an appropriate masculine or feminine social role Developing fundamental skills in reading, writing, and calculating Achieving personal independence Developing conscience, morality, and a scale of values Developing attitudes toward social groups and institutions

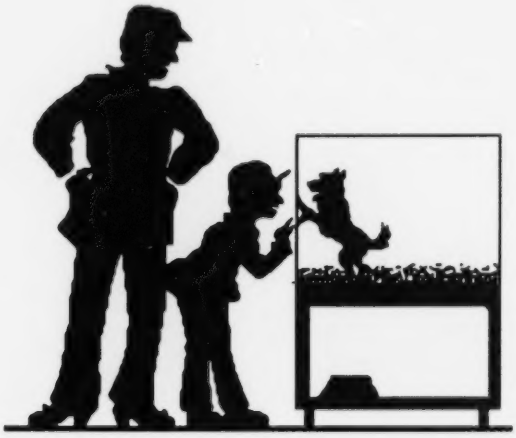
Adapted from: Robert J. Havighurst, *Developmental Tasks and Education*, David McKay Co., Inc.

Figure 7.1

found in the environment such as familial influence, or by some combination or interaction of the two?

Biological Theories

Biological theories of development propose that people are born with a genetic plan. This genetic plan determines developmental patterns that all humans have in common, such as the order in which development occurs, as well as patterns that are unique to each individual, such as temperament or hair color. This plan provides a basic framework for development, but development is not considered to be unaffected by environmental influence. All of the circumstances, conditions,



and influences that surround and affect the development of a person make up his or her ***environment***. A healthy environment that supports and promotes development is required for the normal unfolding of a predetermined plan of development.

The ways in which a person's genetically determined developmental plan unfolds can be altered by environmental experiences. For example, consider a child who has inherited the tendency to be tall. If the child develops throughout childhood without receiving adequate amounts of the nutrients required for growth, he or she will not reach full height potential. The healthy unfolding of his or her genetic plan would be altered due to an unsatisfactory nutritional environment.

Another proposition of biological theorists is that environment not only influences individual development, but personal characteristics affect the ways the environment responds to a particular individual. For example, people may respond more negatively to an aggressive child than to a more mild-tempered child. Therefore, a relationship exists in which the child influences the environment and the environment influences the child.

Biological theorist Arnold Gesell's Developmental Maturational Theory uses a biological basis to explain why all humans develop in a similar sequence. Gesell proposed that children's behavior follows a pattern that is somewhat predictable because it is directly linked to their overall development and maturation. ***Maturation*** is the process by which a person becomes full grown or fully developed. Gesell proposed that maturation is internally determined and relatively independent of external environmental influences. He did not, however, completely deny the role that culture, family, and other environmental influences could play in determining behavior. Gesell also stressed that each individual will develop in his or her own time. A child's developmental progress should be judged according to his or her personal developmental timetable rather than compared with development of peers.

Biological theorists believe that a child should be allowed to develop at his or her own pace since the process of growth and development are internally controlled. Pressuring children to achieve beyond their maturational level is seen as unrealistic and detrimental to the child's self-esteem.

Learning Theories

Learning theories of development place a very different emphasis on the factors that influence development than biological theories

do. Basically, learning theories credit the environment as the primary source of developmental influence. They propose that with the exception of basic reflexes, people are not born with a set of behaviors. Behaviors must be learned. Learning theorists do not completely reject biology as a source of developmental influence, but they believe factors such as hormones and inherited tendencies affect behavior only slightly. In recent decades, the traditional and social learning varieties of the learning theory have been predominantly accepted over other varieties.

Traditional. Traditional learning theory credits the environment as the primary source of developmental factors. This approach is called ***behaviorism***, and it explains child development as the increasing sum of the responses people learn from their environment. When a person exhibits a particular behavior, he or she is either rewarded or punished for that behavior. Any behavior that is rewarded will be more likely to occur again, while any behavior that is punished will be less likely to occur again. Behaviorism focuses on objective, observable behavior—what the organism actually does—and not on the thoughts or feelings of an organism. Behavioral scientists do not believe that children are born with a program of behaviors but with basic reflexes only. Children change their behaviors as they experience new environments that require new behavioral responses.

Behavioral scientists see the difference between child behavior and adult behavior as quantitative rather than qualitative. A qualitative difference means that adult behavior is somehow better or more mature (higher quality) than children's behavior. A quantitative difference means that adults have a greater number (quantity) of behaviors from which to choose than children do. Behavioral scientists believe adults have been exposed to more environments; therefore, they have more possible responses in their behavioral set. Behavioral scientists do not completely reject the effects of biological factors but believe such effects are minimal.

Social Learning Theory. Social learning theory supporters believe that new behaviors are learned primarily through observing the behaviors of others. This process is called ***observational learning***, or modeling. Common patterns of behavior in a particular age group can be attributed both to shared behavior models and to similar cognitive and motor skills. Two people exposed to the same environmental stimulus will learn different responses if they differ in motor skill and cognitive capacity.

Social learning theorists accept the role of some unobservable processes, such as language and memory, in determining observable behavior. They propose that an individual must have the capacity to mentally process and remember a behavior before he or she can repeat it. Children have a natural tendency to imitate the behavior they see modeled, especially behaviors of their parents. Research has shown that children tend to model the behavior of those whom they think highly of and whom they see as similar to themselves.

Psychoanalytic Theories

Psychoanalysis is a method of learning about mental processes and of treating some mental disorders through the use of techniques such as free association. ***Free association*** is a technique in which the patient talks spontane-

ously and without inhibition about whatever ideas, thoughts, or memories come to mind. The psychoanalytic therapist listens for material to surface that has been hidden or repressed in the patient's unconscious mind. The therapist then analyzes the findings and tries to make the patient consciously aware of them, thereby helping to resolve or lessen the patient's conflict between the conscious and unconscious.

The founder of psychoanalysis was Sigmund Freud, a physician from Austria who specialized in nervous and mental diseases. Freud was interested in personality development because he wanted to understand the origins of deviant behavior in adults. Erik Erikson, a German psychoanalyst and follower of Freud, stressed the social and cultural influences on development.

Sigmund Freud. Freud's basic proposition was that personality is the result of instinctive biological drives. People strive to satisfy these basic instinctive urges. The most powerful is the sexual drive. This internal push to gratify basic instincts is experienced throughout a person's life span. The particular type of gratification sought and method for achieving it, however, change as the nervous system matures.

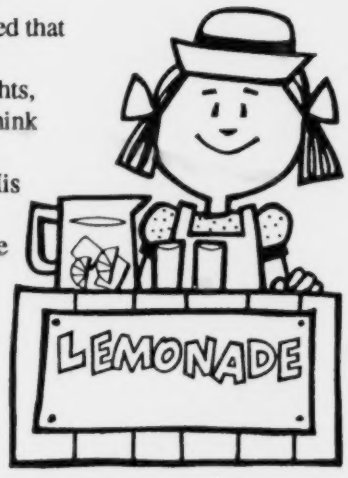
Freud described five psychosexual stages of development. Psychosexual stages deal with the psychological aspects of sexuality in contrast to the physical aspects. Each stage identifies a particular part of the body about which sexual energy, or libido, is focused. The area of the body that is the focus of the libido is called an ***erogenous zone***. Freud believed that maturation of the nervous system determines which erogenous zone is most important at any particular point in a life span. Table 7.1 describes the stages proposed by Freud and Erikson.

Erik Erikson. Erikson proposed psychosocial stages of development instead of psychosexual stages. Erikson's theory emphasizes that conscious choice determines behavior as much as the unconscious instinctual drives. He sees development as a process through which people pass in their lifelong search for a mature sense of identity. This process moves people through a sequence of tasks, each focused on a particular aspect of identity. Erikson views development as continuing over the entire life span, whereas Freud describes development only through puberty.

Both theories agree that development is the result of a child's instincts interacting with his or her environment. Stages cannot be satisfactorily completed unless the environment responds in a conducive, consistent manner. Any unresolved issues from earlier stages will carry over into later stages and negatively affect an individual's ability to resolve them. It is this collection of unresolved issues that leads to an abnormal or deviant personality in later life.

Cognitive Theories

Cognitive theories emphasize the development of thought over other developmental aspects. At the forefront of this theory was Jean Piaget, a Swiss psychologist. Piaget realized the similarities in the development of children's thinking, noticing that all seem to encounter the same mistakes while exploring their world and seem to come to the same conclusions in the end. Piaget believed that some biological developmental force leads children through changes in the quality of their thought. He believed that rather than simply having more thoughts, children begin to think more in depth and more complexly. His studies led him to divide the cognitive developmental process into four major stages. Table 7.2 outlines these stages.



According to Piaget's theory, children have inborn methods for interacting with their environment. These fundamental plans provide the basis upon which thinking develops. Cognitive development begins when children have new experiences and so must incorporate what they have learned into their original strategies. This progressive change continues to take place as long as children are actively interacting with their environment.

As an individual experiences the childhood and adolescent years, he or she develops ongoing "theories" of the world according to the stage of cognitive development that has been achieved. In order to progress to the following stage, the steps of the previous stages must be passed through satisfactorily. The

A Brief Sketch of the Stages Proposed by Freud and Erikson

Age	Freud's Psychosexual Stages	Erikson's Psychosocial Stages
0-1	*Oral stage:* Mouth is the major focus of stimulation; weaning is key task.	*Basic trust versus mistrust:* Infant forms first trusting relationship with caregiver.
2-3	*Anal stage:* Anus is focus of stimulation; toilet training is key task.	*Autonomy versus shame, doubt:* Toddler begins to push for independence.
4-5	*Phallic stage:* Genitals are focus of stimulation; identification with same-sex parent is key task.	*Initiative versus guilt:* Child becomes more assertive, resulting conflict may lead to guilt.
6-12	*Latency stage:* Sexual energy is quiescent.	*Industry versus inferiority:* Child must learn basic cultural skills, such as school skills.
13-18	*Genital stage:* Genitals are again focus of stimulation; formation of mature sexual relationship is key task.	*Identity versus role confusion:* Teenager must figure out who he or she is and who he or she will be.
19-25	(No new stage)	*Intimacy versus isolation:* Adult must form at least one truly intimate relationship.
26-50	(No new stage)	*Generativity versus stagnation:* Adult must rear children or perform some other creative act.
50+	(No new stage)	*Ego integrity versus despair:* Adult must integrate earlier stages and achieve sense of integrity.

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Table 7.1

Stages of Development in Piaget's Congnitive Developmental Theory

Age	Stage
0-2	*Sensorimotor stage.* The infant interacts with the world primarily through his senses and the actions he can perform on objects. He does no yet have the capacity to represent objects or people to himself mentally.
2-6	*Preoperational stage.* The child can now represent things to himself internally, but he is still focusing his attention on such external characteristics of objects or people as size, shape, color, clothing. Still, he uses these features for classifying objects into groups.
6-12	*Concrete operations stage.* The child makes a major step forward in the abstractness of thought. He discovers an entire set of basic rules about objects, such as the fact that they can be arrayed in various orders (from small to large or fat to thin, for example) or that aspects of them remain constant even in the face of external change (which Piaget calls conservation). He also develops the ability to use complex mental operations such as addition, subtraction, or simultaneous classification of one object into two or more categories (a chair is both a piece of furniture and a wooden object, for example).
12+	*Formal operations stage.* As a final step, the teenager becomes able to think still more abstractly, using deductive as well as inductive logic and approaching decisions and problems with a systematic fashion. He can now think about ideas as well as objects and imagine objects or events that he has never actually experienced himself.

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Table 7.2

important factor, above the learning of skills and physical maturation, is a child's unique view of reality. This view is constructed through active interaction and experimentation with his or her environment.

PHYSICAL DEVELOPMENT

Physical changes in the body happen in a particular sequence and are predictable. The sequence is the same for the skeletal growth of embryos, the maturation of the muscles of infants, and the muscle development of toddlers. Physical development progresses along two major pathways. First, a child's body develops from the head downward. This is termed ***cephalocaudal growth***. Second, development continues from the center of the body outward. This is known as ***proximodistal growth***. Children gain control of their large muscles first and gradually gain small or fine muscle control.

The upper parts of a child's body mature earlier than the lower parts. This means that infants are able to control the area around the head and shoulders before they can control their legs or feet. An infant is first able to control the movement of his or her head before gaining control of other body parts. Gradually, control of the shoulder and arm region is added, and the developmental progression continues to move downward.

The principle of proximodistal growth dictates that bodily control be gained from the center of the body outward. The muscles nearest the center of the body develop earlier than those toward the outside of the body. An infant first rolls over by controlling the muscles in the chest and trunk areas. Later the shoulders

and arms are used to reach out. Next, control over the muscles in the arms and legs is utilized to scoot or drag along the floor, eventually enabling the child to crawl. Finally, the child is able to coordinate the movement of the wrist, thumb, and fingers that enable him or her to play with blocks and other simple toys.

Motor skill development involves gaining control over the movement of various parts of the body. Motor skills develop rapidly during the first few years of life. Control is first gained over the large (gross) muscles then over the small (fine) muscles. Gross muscle control involves use of the whole body in activities such as walking, running, climbing, pushing, pulling, and playing with large toys. Fine muscle control allows a child to participate in activities such as eating with a spoon, throwing and catching balls, and putting a puzzle together.

Based on the patterns and principles of physical development, activities should be planned for young children that best promote the development of muscles and their coordination. Young children need the opportunity for vigorous, energetic, physical play. Sitting for long periods is unhealthy and almost impossible for children who are trying to master their physical skills. Climbing equipment, tunnels, wheeled toys, and space for running, rolling, and tumbling encourage better physical development of children.

Later, when developmental energy is focused more on the fine muscles, activities that are beneficial to such development should be included. Coloring with crayons or manipulating small toys are activities that stimulate children to practice using their smaller muscles. Children should not be forced to participate in too many fine muscle exercises at first but should be allowed to gradually gain muscle control and learn to enjoy these activities.

Other factors that must be monitored in order for a child to develop optimally are proper nutrition, adequate rest, and protection from accidents and disease.

MENTAL DEVELOPMENT

Cognitive development is mental development gained through learning. Intelligence and mental ability can be defined in many ways. Many experts agree that intelligence is concerned with the inborn mental capacity to learn, think, and judge. Learning occurs when a child's experiences after birth interact with this capacity. This learning influences how much the child's intellect, or mental ability, develops. Cognitive development in children is measured in terms of the developmental tasks they can perform at certain ages. Learning first occurs through use of the five senses—seeing, hearing, smelling, touching, and tasting.

In order for children to learn, activities are required that stimulate the senses. Most increases in ability occur simply as a result of normal growth and maturation. Most children have the natural instinct to explore and discover their surroundings. They possess an inborn desire to experience sights and sounds. Learning also may result from opportunities provided by an adult that enhance a child's natural desire to explore and learn. A trip to the zoo, for example, can spark an interest in learning about animals. Trips to the mall, colorful toys, and simple songs all can provide learning experiences for a child.

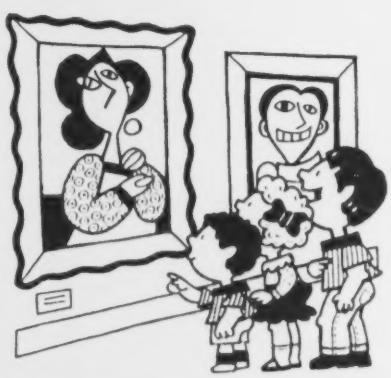
Sensory experiences form the basis for a great deal of learning. Through sight, children learn to compare and identify colors, sizes, shapes, numbers, distances, positions, and other qualities of objects. Through hearing, children are able to communicate with and learn from others. They also learn to distinguish the origin of a certain sound and what it typically represents.

Through touch, children learn how things feel. Smelling primarily adds to or detracts from the enjoyment of a particular situation but can also detect danger, such as warning of fire or harmful odorous gases. Taste adds pleasure to the task of learning to eat and drink various foods. If a child's senses fail to function properly, he or she must be cared for by the appropriate professional to prevent the condition from impairing development. For example, if a child cannot hear properly, he or she will have difficulty learning to speak and should be taken to an audiologist for a hearing evaluation.

The development of language is a vital aspect of overall mental development. Language is symbolic, which means that a word can be used for an object, place, or idea. Children learn language partially through imitating adults. For this reason, adults should consciously strive to set good examples and use correct grammar. It is important to provide activities that encourage children to talk and to include them in conversations. Attentive listening also is important. Parents and caregivers should avoid being critical of children's speech. Criticism may prevent children from talking freely. Two signs of cognitive growth are a child's ability to understand more words and ideas and to have a longer attention span.

Guidelines to follow when helping children learn about their world include the following:

- Keep children interested and curious.
- Teach children when they are ready to learn.
- Provide surroundings that encourage learning.
- Keep surroundings and activities familiar enough for children to feel secure and comfortable.
- Make learning enjoyable and fun.
- Teach children skills they can use in real life.
- Realize that specific needs of individual children affect their ability and motivation to learn.



Children learn best in healthy physical, emotional, and social environments. For example, it is harder for children to explore and learn in a noisy, cluttered, unplanned setting than in a quieter, more organized environment. When children are worried about family problems or about the constant disapproval of their parents, they find it harder to explore and learn than children who do not have those concerns.

SOCIAL DEVELOPMENT

Children develop socially as they learn to adapt to the world around them. ***Social development*** involves getting along with others, functioning in society, and seeing themselves as individuals within a group. Each child learns acceptable behavior by watching, listening, and imitating others.

A child's self-concept (self-image) plays an important role in social development. Children who develop healthy self-concepts are able to relate to other children and adults positively. They feel good about themselves and have confidence in their abilities. People's reactions to children greatly affect children's self-concepts. If a child has consistent care, encouragement, security, love, acceptance, and guidance, he or she probably will develop a positive self-concept. Children who feel rejected, discouraged, and are frequently punished are likely to develop a negative image of themselves. To help children develop positive self-concepts, adults should encourage them when they experience failure and recognize their work when they are successful.

Goals to consider when evaluating a child's social development include the following:

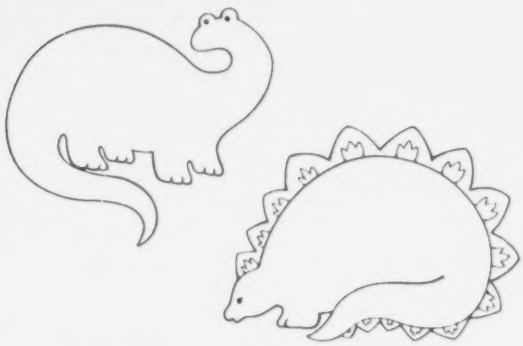
- learning to use private time
- developing independence
- developing a healthy self-image
- getting along with others
- learning to deal with problems
- contributing to the welfare of self and others
- understanding customs and cultures
- communicating thoughts and feelings

Children learn to cooperate with others through their play and come to understand social relationships through trial and error. As they grow older, children progress through four stages of play. These stages are solitary, parallel, associative, and cooperative play.

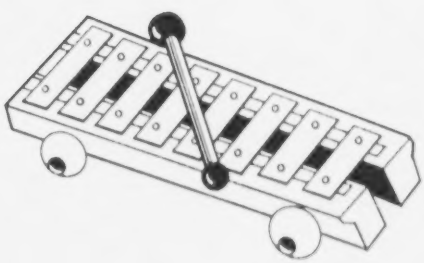
Solitary play is the first stage of play in the sequence. Up to 18 months of age, a child plays alone with toys. The child makes no attempts to play with other children or adults nearby. Adults should provide toys that the infant can easily handle alone.

Parallel play is the next in the sequence. By about eighteen months of age, the child plays beside, but not with, nearby children. Some children watch others as they play. Other children may not pay attention to nearby

children. In this stage, children are more interested in their toys than in the other children. Adults should still provide materials that infants can handle alone, but the materials should require more thought than before. Appropriate materials include blocks, simple puzzles, pull apart and snap together pieces, and plastic and wooden animals.



Associative play occurs when children begin to participate in games or activities together. Most children reach this stage about the age of three or four years. For the first time, an increased interest in ***peers*** (other children of approximately the same age) is noticed. Children at this stage often share toys. Some materials that encourage associative play are building blocks, art projects that involve more than one child, and musical instruments.



Cooperative play is the form most often seen in middle childhood (ages five and up). This type of play is seen in the games the younger children play, such as red rover and tug of war. Cooperative play also is involved when older children participate in soccer, baseball, or other organized team sports. In these events, children work together to compete against another team. Cooperative play also is encouraged by some computer games, jacks, and Frisbee® throwing.

Some children use all forms of play by adding one onto the others as they develop. Other children may stop using one form of play when the form in the next stage develops and replaces it.

EMOTIONAL DEVELOPMENT

Emotions involve feelings, instincts to act, and the mental urges that produce feelings. Emotional outbursts happen more frequently and are stronger at the preschool age than at any other age. Young children have not learned to control the expression of their emotions.

Emotions are important because they help children experience and express wholesome feelings. Positive emotions include affection, respect, love, happiness, delight, excitement, hope, and joy. Negative emotions include anger, fear, hatred, anxiety, disgust, distress,

disappointment, shame, and jealousy. Of these emotions, it is common to see anger, fear, jealousy, happiness, affection, and love expressed by young children. It is important to be nonjudgemental and to allow children to express what they are feeling. Adults should model acceptable ways to express both positive and negative emotions.

Anger

Anger may be caused by fear, frustration, jealousy, fatigue, or embarrassment. Expressing anger is one way a child lets out emotions that have been held inside. Signs of anger from a child include biting, hitting, shoving, screaming, spitting, and pinching. Young children may hit or throw a temper tantrum while older children may threaten others and call them names. To control times of anger, remove any unnecessary causes. Allowing an angry child to become calm before having a personal talk often produces better results. Adults should try to help the child verbalize the anger and suggest alternative coping strategies for the child.

Fear

Common childhood fears include fear of animals, being left alone, falling, loud noises, and strangers. Anything that happens suddenly or unexpectedly usually frightens a child. To help children overcome fears, parents or caregivers should help them develop coping skills, such as turning on the lights and opening doors of places where they feel shut in. Ask children what frightens them. Help children cope with their fears by calmly and clearly explaining the causes of things that children do not understand. Give children nonthreatening experiences with the things they fear and allow children to observe others dealing comfortably with the situation.

Jealousy

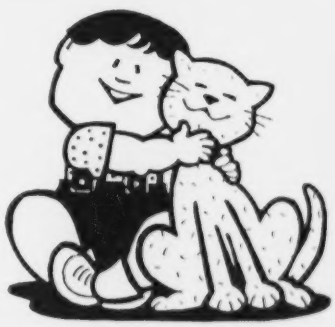
Jealousy often results when children feel disadvantaged, poor, or unfairly treated. Between the ages of two and five, a child may become jealous of attention given to another child. A child may not understand that attention given to others does not mean a lack of affection for him or her. Parents or caregivers should try to reduce the number of times children feel disadvantaged. Each child should be treated as an individual to prevent jealousy. A child should not be compared to another or given more attention than another.

Happiness

Healthy children are usually happy. They like to express their happiness by smiling, laughing, clapping, squealing, and jumping up and down. Parents and caregivers should strive to keep a positive attitude and to communicate this to children.

Affection

Affection is an emotional response that may be shown toward another person, object, or animal. Pleasant experiences result in affection for young children. Affection often develops between siblings and other children of about the same age. Young children enjoy being affectionate to both males and females as friends.



Love

Love is a feeling of deep personal attachment and commitment. Most experts say that it is essential that a child feel loved in order to experience healthy emotional development. A child who does not feel loved will feel rejected and worthless. A child's relationship with the parent or primary caregiver is the most crucial of love relationships. Other caregivers who spend large amounts of time with children can also have a great impact on children's emotional development. Children can experience feelings of love toward several caregivers without loving the parents less.

All emotions, both positive and negative, are a normal part of a child's developmental makeup. Children should be encouraged to share their feelings openly and not hide them. Emotional behavior is valuable. Children begin to control their emotions during the four to six-year-old period. As emotional development continues, children learn to show love and to handle negative emotions more constructively. Adults should strive to respect children as unique individuals with their own unique emotional makeups.

MORAL DEVELOPMENT

Morals are principles or standards regarding right and wrong conduct. The study of children's morality focuses mainly on the development of moral reasoning—the way that people explain and justify their behavior. The progress of development should move from concern for personal gain to concern for others. The capacity for moral reasoning grows and changes just as other aspects of development do.

A child's family has great influence on moral development, because every family adheres to a specific morality. Based upon this family moral code, philosophies about right and wrong are passed on to children. This moral code may stem from religious values, cultural values, or parental values. Although great differences exist between familial codes, most children seem to pass through the same stages in their development of moral reasoning capacity.

Lawrence Kohlberg, a twentieth century psychologist, has extensively studied the development of moral reasoning in children. Based on his research and on Piaget's cognitive theory, he devised a timetable for such development. Kohlberg proposes that the higher levels of moral reasoning cannot be reached if the person has not reached the higher levels of cognitive development.

The first of three levels of moral reasoning is the ***preconventional moral reasoning*** level. Decisions about moral dilemmas in this stage are motivated either by fear of punishment or desire for reward from authority figures—primarily the parents. This type of reasoning is typical of children under eight years old. The

second stage of reasoning, conventional, is characteristic between the ages of eight and thirteen. Groups become the primary source of authority rather than parents. The group in authority may be the family, peers, or community. Children adopt the group's definitions of right and wrong without question. Individuals in the ***conventional moral reasoning*** stage want to please other people, uphold the laws of society, and act as a "good girl" or "good boy" would.

Most adults make daily decisions using conventional moral reasoning and many never graduate to stage three. Stage three is termed the ***postconventional moral reasoning*** stage. In this stage, people make moral decisions based on justice. Individuals at this level challenge and change rules if necessary instead of blindly accepting and following the rules set by others. They are concerned with protecting self-respect by examining different systems of thought and doing what they deeply believe is right.

Society teaches children moral behavior through discipline. Discipline is intended to teach children what behavior is acceptable and what behavior is unacceptable according to societal standards. The goal is to motivate children to act in accordance with these standards.

Good judgement is a social concern. However, a child can develop moral ideas only when he or she is able to think and make judgements. Society expects children in middle childhood to know the difference between right and wrong. By age seven, most children have entered the stage of mental development that enables them to think in a logical way and solve problems mentally. This growth helps children begin to understand the rules of games as well as the rules of society.

ASPECTS OF DEVELOPMENT

Table 7.3 details the physical, intellectual, emotional, and social development of a child from birth to age five. The information in the table should not be viewed as an exact timetable but only as a general indicator of what might be expected of a child at a particular age.

Developmental Traits of Children from Birth to Age Five

Birth to Two Years of Age	
Motor Skills	
1 Month	Does not control arm and leg movements since movements are still reflexive. Needs support for head. Without support, head will flop backward and forward. Lifts head briefly from the surface in order to turn head from side to side when lying on tummy. Twitches whole body when crying. Keeps hands fisted or slightly open. May hold object if place in hand, but drops it quickly. Follows moving object briefly if the object is within the line of vision.
2 Months	Can keep head in midposition of body when lying on tummy. Can hold head up for a few minutes. Can turn head when lying on back. Cycles arms and legs smoothly. Movements are mainly reflexive, but may become voluntary. Grasps objects in reflex movements, but grasps are becoming voluntary. May hold object longer, but drops object after a few minutes. Uses improved vision to look at objects more closely and for a longer time.
3 Months	Can move arms and legs together. Turns head vigorously. Can lift head for several minutes. Can sit briefly, with support.
4 Months	On tummy, can lift head and chest from surface, using arms for support. On tummy, may roll from side to side. Can maintain a sitting position for several minutes if given proper support. Uses hands more skillfully. Begins to use mitten grasp for grabbing objects. Looks from object to hands to object. Swipes at objects, gradually improving aim.
5 Months	On back, can lift head and shoulders off surface. Can roll from tummy to back. When supported under arms, stands and moves body up and down, stamping feet alternately. Helps when being pulled to a sitting position. Can sit supported for 15 to 30 minutes with a firm back. Reaches for objects such as a cradle gym with good coordination and aim. Begins to grasp objects with thumb and fingers. Grabs objects with either hand. Transfers objects from one hand to the other, dropping objects often.

Table 7.3

6 Months	Rolls from back to tummy. On tummy, moves by pushing with legs and reaching with arms. Gets up on hands and knees in a crouching position, but then may fall forward. Is able to stand while supported. May be able to sit for short periods of time. Reaches with one arm and grasps object with hand. Then transfers the object to the other hand. Then reaches for another object. Holds an object in both hands. Learns to drop an object at will.
7 Months	Crawls awkwardly, combining movements of tummy and knees. Likes to bounce when in standing position. May be able to pull self up to a standing position. Can lean over and reach while in sitting position. Has mastered grasping by using thumb in opposition of fingers. Holds an object in each hand. Brings objects together with banging noises. Keeps objects in hands most of the time. Fingers, manipulates, and rattles objects repeatedly.
8 Months	Sits alone, steadily, for longer periods of time. Crawls. Achieves sitting position by pushing up with arms. Learns pincer grip, using just the thumb and forefinger. Is able to pick up small objects and string.
9 Months	Sits alone. May try to crawl up stairs. May be able to move along furniture, touching it for support. Uses index finger to point, to lead, and to poke. Waves "bye-bye."
10 Months	Likes to walk holding on to caregiver's hands. Climbs up on chairs and other furniture. Stands with little support. Can release grasped object instead of dropping it.
11 Months	Stands alone. Is able to stand and pick up objects. Likes to grasp feeding utensils and cup. May carry spoon to mouth in feeding attempt. Takes off shoes and socks.
12 Months	Climbs up and down stairs. May show preference for one hand. May be able to take off clothes. Walks with one hand held.

Table 7.3—Continued

13 to 15 Months	Builds a tower consisting of 2 one-inch cubes. Turns pages in a book 2 or 3 at a time. Walks without assistance. Builds tower of two blocks. While walking, cannot maneuver around corners or stop suddenly.
16 to 18 Months	Walks up steps. Walks well while carrying a toy or pulling a pull toy. Hurls a ball.
19 to 22 Months	Draws with spontaneous scribbling. Completes a 3 piece formboard. Places 4 rings on post in random order. Rolls, pounds, squeezes, and pulls clay. Kicks backward and forward.
22 to 24 Months	Attempts to stand on balance beam. Builds tower of 6 cubes. Runs without falling. Pedals a tricycle. Kicks a large ball.
Intellectual Skills	
1 Month	Prefers to look at human faces and patterned objects. Listens attentively to sounds and voices. Cries deliberately for assistance. Is comforted by the human voice and music.
2 Months	Coordinates eye movements. Shows obvious preference for faces to objects. Makes some sounds, but most vocalizing is still crying. Shows some interest in sounds and will stop sucking to listen.
3 Months	Is able to suck and look at the same time, thus doing two controlled actions at once. Discovers hands and feet as an extension of self. Searches with eyes for sounds. Begins cooing one syllable, vowel-like sounds—ooh, ah, aw.
4 Months	Likes to repeat enjoyable acts like shaking a rattle. Enjoys watching hands and feet. Looks at an object, reaches for it, and makes contact with it. Makes first consonant sounds—p, b, m, l. Smiles and coos when caregiver talks to him or her.

Table 7.3—Continued

5 Months	Recognizes and responds to own name. Smiles at self in mirror. Can recognize people by their voices.
6 Months	Grabs at any and all objects in reach. Studies objects intently, turning them to see all sides. Varies volume, pitch, and rate while babbling.
7 Months	Enjoys looking through books with familiar pictures. May begin to imitate an act. May say "mama" or "dada" but does not connect words with parents.
8 Months	Likes to empty and fill containers. Begins jargoning by putting together a long series of syllables. May label object in imitation of its sounds, such as choo-choo for train.
9 Months	Responds appropriately to a few specific words. Likes to look for content in a container.
10 to 12 Months	Links specific acts or events to other events. Can point to body parts. Likes to look at pictures in a book. Puts nesting toys together correctly. Begins to find familiar objects which are not in view but have permanent locations (looks for cookies after being told he or she can have one).
13 to 15 Months	Identifies family members in photographs. Gives mechanical toy to caregiver to activate toy. Has an expressive vocabulary of four to ten words; most nouns in vocabulary refer to animals, food, and toys.
16 to 18 Months	Demonstrates knowledge of absence of familiar person (points to door, says "gone"). Enjoys cause-effect relationships (banging on drum, splashing water, turning on the television set). Has expressive vocabulary of 10 to 20 words.
19 to 24 Months	Mimics adult behaviors. Points to and names objects in a book. Plays identification games using body parts (points to ears, nose, eyes, teeth, etc. upon request). Has expressive vocabulary of 20 to 50 words.

Table 7.3—Continued

Social-emotional Skills	
1 Month	Reacts to discomfort and pain. Recognizes a parent's voice. Is comforted by the human face.
2 Months	Smiles. Is able to show distress, excitement, contentment, and delight. Can quiet self by sucking. Looks at a person alertly and directly. Quiets in response to being held. Shows affection by looking at person while kicking, waving arms, and smiling. May perform to get attention.
3 Months	Shows feelings of security when held or talked to. Senses that the hands and feet are extensions of self. Whimpers when hungry; chortles when content. Communicates with different sounds and facial expressions. Responds with total body to a familiar face. Tries to attract attention of caregiver.
4 Months	Expresses delight and laughs. May form an attachment to one special object. Responds to continued warmth and affection. Shows increased pleasure in social interactions. Enjoys social aspects of feeding time. Becomes unresponsive if left alone most of waking hours.
5 Months	May begin to show fearful behavior as separateness is felt. Distinguishes between familiar and unfamiliar adults. Builds trust when cries are answered; becomes anxious and demanding when cries are unanswered. May be able to play the peek-a-boo game.
6 Months	Enjoys playing with children. Responds to affection and may imitate signs of affection. Likes attention and may cry to get it. May begin clinging to a primary caregiver. Laughs when socializing. Smiles at familiar faces and stares solemnly at strangers. Desires constant attention from caregiver.
7 Months	May show more dependence on caregiver for security. Has increased drive for independence but senses frightening situations. Shows desire for social contacts. Thoroughly enjoys company of siblings. Begins to have a sense of humor.

Table 7.3—Continued

8 Months	Exhibits fear of strangers. May anticipate being left and, is so, becomes disturbed. Values quick display of love and support from caregiver. Likes to explore new places, but wants to be able to return to caregiver. Enjoys playing with own image in a mirror. Definitely prefers caregiver to strangers. Is more aware of social approval or disapproval.
9 Months	May show fear of heights; may be afraid to crawl down from a chair. May show a fear of new sounds, such as a vacuum cleaner. Shows interest in play activities of others. Likes to play games like pat-a-cake. Recognizes the social nature of mealtimes.
10 Months	Cries less often. Expresses delight, happiness, sadness, discomfort, and anger. May be able to show symbolic thought by giving love to a stuffed toy. Is more aware of and sensitive toward other children. Enjoys music and may mimic movements others make to music.
11 Months	May not always want to be cooperative. Recognizes the difference between being good and being naughty. May say "no" while shaking head, but will continue to do the forbidden thing. Seeks approval and tries to avoid disapproval. Imitates movements of other adults and children. Likes to say "no" and shake head to get response from caregiver. Tests caregivers to determine limits. Objects to having his or her enjoyable play stopped.
12 Months	May reveal an inner determination to walk. Begins to develop self-identity and independence. Shows increased negativism. Enjoys playing with siblings. Likes to practice communication with adults. Continues to test caregivers limits.
13 to 15 Months	Shows pride in personal accomplishment. Likes to exhibit affection to humans and to objects. Prefers to keep caregiver in sight while exploring environment. Demands personal attention. May show fear of strangers. Shows increased negativism. Enjoys solitary play. Shows preference for family members over others. Recognizes self in mirror and may communicate with sounds.

Table 7.3—Continued

16 to 18 Months	Is emotionally unpredictable and may respond differently at different times. Is unable to tolerate frustration. May reveal negativism and stubbornness. May exhibit fear of thunder, lightning, large animals, etc. Is very socially responsive to parents and caregivers. Responds to simple requests. May punch and poke peers as if they were objects. Will perform for an audience. Is unable to share.
19 to 21 Months	May become possessive about toys, hiding them from others. Likes to claim things as "mine." Gives up items that belong to others upon request. Begins to show sympathy to another child or adult. Continues to desire personal attention. Indicates awareness of a person's absence by saying "bye-bye." May enjoy removing clothing and is not embarrassed about being naked. Reveals a sense of trust in adults. Plays contentedly alone if near adults. Likes to play next to other children, but does not interact with them. Is able to play some simple interacting games for short periods of time.
22 to 24 Months	Displays signs of love for parents and other favorite people. Is easily hurt by criticism. Becomes frustrated easily. May show some aggressive tendencies, such as slapping, biting, hitting. May assume an increasingly self-sufficient attitude. Wants own way in everything. May dawdle but desires to please adults. Is more responsive to and demanding of adults. Still prefers to play alone, but likes to be near others. Engages in imaginative play related to parents' actions. Uses own name in reference to self when talking to others. Is continually testing limits set by parents and caregivers. Likes to control others and give them orders.
Two and Three-Year-Olds	
Gross Motor Skills	
24 to 29 Months	Runs without falling. Pedals a tricycle. Kicks a large ball. Jumps in place. Plays on swings, ladders, and other playground equipment with fair amount of ease.

Table 7.3—Continued

	Throws balls without falling. Bends at waist to pick up object from floor. Walks up and down stairs, both feet on step, while holding on to railings. Stands with both feet on balance beam.
30 to 36 Months	Walks on tip toes. Performs a standing broad jump 8 1/2 inches. Attempts to balance on one foot. Walks to and picks up a large ball. Balances on one foot for 5 seconds. Catches a large ball with arms. Walks up stairs with alternating feet. Rides a tricycle. Performs 1 to 3 hops with both feet together.
37 to 48 Months	Walks toe-to-heal for four steps. Balances on one foot for 8 seconds. Catches a beanbag while standing. Performs 1 to 3 hops on one foot. Catches a bounced ball with hands.
Fine Motor Skills	
24 to 29 Months	Inserts key into lock. Turns pages in a book singly. Strings large beads. Copies a circle. Copies a vertical line. Copies a horizontal line. Builds a tower consisting of 6 to 7 cubes. Uses two or more cubes to make a train. Uses one hand consistently for most activities. Holds scissors correctly. Opens and closes scissors.
30 to 36 Months	Builds a tower consisting of 8 cubes. Copies an "H." Copies a "V." Copies a circle. Imitates building a three-block bridge. Snips paper with scissors.
37 to 48 Months	Pours liquid from a pitcher. Copies a cross. Builds a tower of 9 to 10 cubes. Completes simple puzzles.

Table 7.3—Continued

	Wiggles thumb. Folds paper twice (in imitation). Draws a person with three parts. Cuts a 5-inch piece of paper in two. Traces a diamond. Cuts along a 5-inch line within 1/2 inch of the line.
Self-help Skills	
24 to 29 Months	Cooperates in dressing. Removes shoes, socks, and pants. Pulls on simple garments. Unzips zipper. Unsnaps snap. Verbalizes toilet needs. Usually remains dry during the day.
30 to 36 Months	Seldom has bowel accidents. Unbuttons large buttons. Closes snaps. Sits on toilet without assistance. Puts on shoes. Pours well from a pitcher. Uses a knife for spreading.
37 to 48 Months	Washes and dries face and hands. Unbuckles belt. Usually remains dry at night. Turns faucet on and off.
Expressive Language Skills	
24 to 29 Months	Combines two or more words (boy hit). Developing three term relations such as, "I kick ball," "You go home," "See my daddy." Yes/no questions marked only by intonation (Mommy go? You see me?). "No" and "not" used to negate entire sentence (No eat; Mommy no; No sit down). Preposition "in" used (Go in house; Ball in box). Plural used (More cookies; cats).
30 to 36 Months	Negative elements no, can't, and don't used after subject (I can't eat; Mommy, don't go). Use of different modifiers: qualifiers (some, a lot, all one); possessives (mine, his, hers); adjectives (pretty, new, blue). Overgeneralization of regular past with an "ed" (He eated it; I woked up).

Table 7.3—Continued

37 to 48 Months	Preposition "on" used (book on table; sit on chair). Possessive ('s) used (mommy's coat; daddy's car). "When" questions appear. Negatives "cannot" and "do not" appear. Double negatives appear when using negative pronoun (nobody, nothing) or negative adverb (never, nowhere). Examples include, "I can't do nothing," or, " I don't never get to go." Sentences with two clauses are joined (then it broke and we didn't have it anymore).
Language Comprehension Skills	
24 to 29 Months	Child answers routine questions (What is that? What is your name? What is [person] doing?). Points to six body parts on doll or self. Provides appropriate answers to yes/no questions that deal with the child's environment (Is mommy sleeping? Is daddy cooking?). Comprehends pronouns: I, my, mine, me.
30 to 36 Months	Follows two-step directions. Provides appropriate answers for "where" (place) questions that deal with familiar information (Where does daddy work? Where do you sleep?). Comprehends pronouns: she, he, his, him, her.
37 to 48 Months	Provides appropriate answers for "whose" questions (Whose doll is this?). Provides appropriate answers for "why" (cause or reason) questions (Why is the girl crying?). Provides appropriate answers for "who" (person or animal) questions (Who lives at the North pole?). Understands the pronouns you and they. Provides appropriate answers for "how" questions (How will mother bake the pie?).
Math Readiness Skills	
30 to 36 Months	Gives "just one" upon request. Comprehends concepts soft and heavy in object manipulation. Comprehends size concepts big and tall in object manipulation tasks. Comprehends spatial concepts on, under, out of, together, and away from in object manipulation tasks.
37 to 48 Months	Gives "just two" upon request. Distinguishes between one and many. Understands the quantity concept "empty" in object manipulation tasks. Understands "smaller;" points to smaller objects. Eighty percent understand "largest."

Table 7.3—Continued

	Counts while correctly pointing to three objects. Understands quantity concepts full, more, and less in object manipulation tasks. Comprehends spatial concepts up, top, apart, and toward in object manipulation tasks. Comprehends spatial concepts around, in front of, in back of, high, and next to in object manipulation tasks.
Social Skills	
24 to 29 Months	Likes to play near other children, but is unable to play cooperatively. Becomes a grabber, and may grab desired toys away from other children. Does not like to share toys. Has not learned to say "please" but often desires the toys of other children. Likes to give affection to parents. May pull hair or bite before giving up a desired possession.
30 to 36 Months	Continues to have a strong sense of ownership but may give up a toy if offered a substitute. May learn to say "please" if prompted. Has increased desire to play near and with other children. May begin cooperative play. Distinguishes between boys and girls. Likes to be accepted by others. Enjoys hiding from others. Likes to play with adults on a one-to-one basis. Enjoys tumble play with other children and caregivers.
37 to 48 Months	Is learning to share and take turns. Follows directions and takes pride in doing things for others. May act in a certain way just to please caregivers. Makes friends easily. Seeks status among peers. May attempt to comfort and remove cause of distress of playmates. Seeks friends on own initiative. Begins to be choosy about companions, preferring one over another. Uses language to make friends and to alienate others.
Emotional Development	
24 to 29 Months	Continues to be self-centered. May exhibit increasing independence one minute and then run back to security of parents the next. Likes immediate gratification of desires and finds it difficult to wait. May exhibit negativism. Continues to seek caregiver approval for behaviors and accomplishments. Displays jealousy. May develop fear of dark; needs reassurance.

Table 7.3—Continued

30 to 36 Months	May display negative feelings and occasional bad temper. May exhibit aggressiveness. May dawdle but insists on doing things for self. Likes to dress self and needs praise and encouragement when correct. Feels bad when reprimanded for mistakes. Desires caregiver approval. Wants independence but shows fear of new experiences. May reveal need for clinging to security object. Needs an understanding, orderly environment. May have trouble sleeping if the day's events have been emotional.
37 to 48 Months	Is usually cooperative, happy, and agreeable. Feels less frustrated because motor skills have been improved. May still seek comfort from caregivers when tired or hungry. Learns more socially acceptable ways of displaying feelings. May substitute language for primitive emotional feelings. May show fear of dark, animals, stories, and the bogeyman.
Four and Five-year-olds	
Gross Motor Skills	
4 Years	Catches beanbag with hands. Skips on one foot. Walks down stairs with alternating feet. Throws ball overhand. Carries a cup of liquid without spilling. Rides bicycle with training wheels. Balances on one foot ten seconds. Skips with alternating feet. Walks backward toe-to-heal for four consecutive steps.
5 Years	Marches to music. Jumps from table height. Climbs fences. Attempts to jump rope. Attempts to roller skate. Walks forward, backward, and sideways on balance beam. Catches ball with hands.
Fine Motor Skills	
4 Years	Builds a three block bridge from a model. Completes a six to eight piece puzzle. Folds paper diagonally (three folds). Copies a square.

Table 7.3—Continued

5 Years	Copies a triangle. Prints first name. Prints simple words. Dials telephone numbers correctly. Models objects with clay. Colors within lines.
Self-help Skills	
4 Years	Laces shoes. Buckles belt. Cuts with knife. Dresses and undresses with supervision. Distinguishes front and back of clothing. Zips separating zipper.
5 Years	Dresses and undresses without assistance. Washes self. Puts shoes on correct feet. Unbuttons back buttons.
Language Skills	
4 Years	Understands has/doesn't have and is/is not. Identifies penny, nickel, and dime. Follows three commands in proper order (clear the table, wash the table, and get ready to go outdoors). Understands the pronoun we. Uses irregular verb forms (ate, ran, went). Uses regular tense (ed) verbs. Uses third person present tense verbs (runs, shops).
5 Years	Uses third person irregular verbs. (He has a ball.) Uses compound sentences. (I went to the grocery store and I went to my grandmother's.) Uses descriptions in telling a story. Uses some pronouns correctly. Uses words to describe sizes, distances, weather, time, and location. Asks the meaning of words. Recalls the main details of a story. Recognizes some verbal absurdities. Tells original stories.

Table 7.3—Continued

Math Readiness Skills	
4 Years	Understands the concepts beside, bottom, backward, and forward in object manipulation tasks. Understands size concepts short, fat, and thin in object manipulation tasks. Counts 1 to 4 chips and correctly answers questions such as "How many altogether?" with cardinal number. Says correct number when shown 2 to 6 objects and asked, "How many?" Can rote count 1 through 9. Understands the concepts of triangle and circle. Understands the concepts tallest and same size.
5 Years	Understands square and rectangle. Understands the concept of same shape. Understands the position concepts first and last in object manipulation tasks. Understands position concept middle. Rote counts 1 through 20. Writes the numerals 1 through 5. May count 1 to 20 objects correctly.
Social-emotional Development	
4 Years	May not be as pleasant and cooperative as at age three. May be more moody. Strives for independence; resents being treated like a baby. May be stubborn and quarrelsome. Resents directions; thinks he or she knows it all and can do it all. Learns to ask for things instead of snatching things from others. Is increasingly aware of attitudes and asks for approval. Needs and seeks parental approval often. Has strong sense of family and home. May quote parents and boast about parents to friends. Becomes more interested in friends than in adults. Shares possessions and toys, especially with special friends. Suggests taking turns but may be unable to wait for his or her own turn. Likes to play with friends in cooperative play activities.
5 Years	Shows increased willingness to cooperate. Is more patient, generous, and conscientious. Expresses anger verbally rather than physically. Is more reasonable when in a quarrel. Develops a sense of fairness. Likes supervision, accepts instructions, and asks permission. Has a strong desire to please parents and other adults. Still depends on parents for emotional support and approval. Is proud of mother and father. Delights in helping parents.

Table 7.3—Continued

	May act protective of younger siblings. Shapes ideas of sex roles by watching parents' behavior. Is increasingly social and talkative. Is eager to make friends and develop strong friendships. May pick a best friend. Prefers cooperative play in small groups. Prefers friends of same age and most often of same sex. Stays with play groups as long as interests hold. Learns to respect the property of friends.

Adapted from Verdene Ryder, *Parents and Their Children*, Goodheart-Wilcox Publishing Company, Inc., 1985. Reprinted by Permission of Publisher.

Table 7.3—Continued

Summary

- Children are each unique in their development, yet they tend to follow certain predictable patterns. These predictable patterns of growth and development are called principles.
- Growth and development are gradual, continuous, and constant.
- Rates of growth and development differ throughout a person's life and differ from person to person.
- In both physical and mental development, children go through a sequence of developmental stages that can be predicted.
- The physical, mental, social, and emotional aspects of growth and development interact with each other in complex ways.
- Biological theorists believe that people are born with a genetic program that determines developmental patterns shared by everyone as well as patterns unique to each individual.
- Traditional learning theory proposes that the environment is the primary source of factors determining development.
- Social learning theorists believe that new behaviors are learned primarily through observing the behaviors of others.
- Psychoanalysis views internal developmental processes as important as external experiences in determining behavior.
- Cognitive theories emphasize the development of thought over the other developmental aspects.
- Motor skill development involves gaining control over the movement of various parts of the body.
- Cognitive development is mental ability gained through learning.
- Social development involves getting along with others, functioning in society, and seeing oneself as an individual within a group.
- Emotions involve feelings, instincts to act, and the mental urges that produce feelings. Young children have not learned to control the expression of their emotions.
- The study of children's morality focuses mainly on the development of moral reasoning—the way people explain and justify their behavior.

Vocabulary

associative play
behaviorism
biological theories
cephalocaudal growth
child development
cognitive development
cognitive theories
conventional moral reasoning
cooperative play
developmental stages
developmental tasks
emotions
environment
erogenous zone
free association
maturation
morals
motor skill development
observational learning
parallel play
peers
postconventional moral reasoning
preconventional moral reasoning
proximodistal growth
psychoanalysis
sensitive period
sequence
social development
solitary play
theory of development

Review

1. List and briefly discuss the five principles of growth and development.
2. Summarize the basic assumptions of biological theories of development.
3. Compare traditional and social learning theories of development.
4. Explain Sigmund Freud's basic proposition behind his psychoanalytic theory of development.
5. What is Erik Erikson's view of development?
6. According to Jean Piaget, how does cognitive development take place?
7. List and describe the two major pathways along which development progresses.
8. How can cognitive development in children be measured?
9. Explain how children use their five senses to learn about the world around them.
10. What does social development involve, and how do children learn what behavior is acceptable?

11. Why are children's emotions important?

12. Explain how a child's family influences his or her moral development.

Critical Thinking

Observe a class of three-year-old children in a child development or child-care center. Compare and contrast the physical, mental, emotional and social development of three of the children. Applying what you have learned from the chapter, formulate an explanation for the differing developmental levels of the children. A portion of your explanation may be speculative. Also, construct a one-day schedule of activities for this age group that would address and promote their physical, mental, and social development.

8

Effective Guidance

ESSENTIAL ELEMENT

- ❑ Identify developmentally appropriate sex-related information for children of different ages.(e3D)
- ❑ Analyze the influence of role modeling on children.(e3E)
- ❑ Point out the impact of parenting/caregiver practices on a child's self-esteem.(e3F)
- ❑ Describe guidance methods and factors influencing their effectiveness.(e4A)

OBJECTIVES

- ❑ Identify reasons why children need guidance.
- ❑ Discuss methods used for guiding children.
- ❑ Contrast the three styles of parenting.
- ❑ Explain how role models influence children's development.
- ❑ Analyze the effects of guidance on self-concept.
- ❑ Summarize ways to address children's questions about physical issues.

A child is influenced by many things in the environment. These influences determine a child's behavior, attitudes, and level of development. However, some influences have a greater impact on a child's development than others. Therefore, caregivers may want to concentrate on the things that have the greatest influence more than on other things that have

minimal influence. Some of the influences that have the greatest impact on a child's development include child guidance methods adults use and the influences of role models on children's behavior.

REASONS FOR GUIDANCE

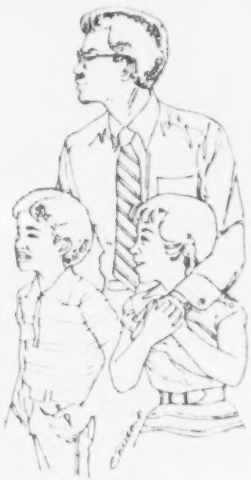
Children need guidance for many reasons. Some of these reasons include the following:

- to teach children what actions are acceptable and what actions are not acceptable
- to teach children how to interact with others
- to promote children's healthy attitudes about themselves
- to establish a positive self-concept and high self-esteem
- to ensure children's safety
- to encourage self-discipline

The guidance a child receives needs to be appropriate for the child. The appropriateness of guidance depends on the child's age and abilities as well as the specific situation in which the guidance is used. Guidance should be planned according to the principles of development as discussed in chapter 7.

CHILD GUIDANCE METHODS

Guidance includes all of an adult's actions and words that are used to influence a child's behavior. Parents and other caregivers provide guidance for children in many different ways. Adults all have their own beliefs about what type of guidance is best. Many adults base these beliefs on the type of guidance that was used to guide them when they were children. Some adults may think that the guidance they received was good and will use the same type of guidance methods. Others will use guidance that is very different from their childhood experiences.



It is important for adults to learn about guidance methods so they can make wise decisions about the best types of guidance for children. Different types of guidance can have different effects on children. Therefore, parents need to understand how guidance methods work in order for the methods to be as effective as possible.

Indirect Guidance

When an adult guides a child without using direct communication, such as verbally telling the child what to do, the adult is using ***indirect guidance***. Some forms of indirect guidance include the following:

- arranging space
- setting examples

- making plans
- setting time schedules

Arranging Space. When space is arranged in a certain way or adjusted to ensure children's safety, it influences the children's behavior. When dangerous materials are placed so that they are not accessible to children, the children are prevented from behaving in a dangerous manner. Because children need to explore their surroundings and move about without many restrictions to influence healthy development, this form of indirect guidance is necessary to protect children's well-being.

In addition to keeping harmful materials inaccessible, space arrangement includes arranging indoor and outdoor spaces in ways that pose the least threat to children. This includes arranging furniture in the best way possible so that children don't constantly bump into it, trip over it, or tip it over. Toys that require adult supervision and other possessions should be stored properly so that adults do not have to continually interrupt children's play to remind the children not to bother or to touch certain items. The proper arrangement of space promotes children's independence and confidence since they are able to do more things on their own without constant adult supervision.

Setting Examples. Children often base their behaviors on ways they see adults behave. Therefore, adults should be the kind of people they want the children to be. Children learn much of their behavior from imitating the people around them. They often imitate parents, teachers, or other caregivers. Therefore, it is especially important for adults to behave in a consistent manner and in ways they would want children to behave.

Making Plans. Children are less likely to become bored when adults plan and prepare interesting activities for them. Boredom also can be diminished by rotating toys and other play things. Several toys and play things can be put away for a period of time and then reintroduced to children. This way, children do not become bored with having the same items to play with all of the time. When the toys are reintroduced, other toys can be put away. When children have a variety of interesting things to do, they remain occupied and productive. If they are allowed to become bored with the same activities and toys they always have, children are more likely to be tempted to do things they are not allowed to do.

Another result of boredom is excessive television watching. Children who are bored often watch television for long periods of time. Although researchers do not agree on the effects of excessive television watching, adults may not want children watching too much television. Children need to be active and creative by finding new ways of entertaining themselves.

Setting Time Schedules. Another form of indirect guidance can be achieved through setting time schedules. By organizing family schedules, a child's behavior can be controlled while also helping the child develop skills. One method of setting time schedules is to develop a household routine for chores. When a routine for chores is determined, decision making is easier for the adult as well as the child since they both already know what needs to be done. This routine also allows chores to be completed

more quickly. However, adults need to remember to select chores that are appropriate for the child's level of development.

Time schedules also can be accomplished by planning ahead for activities that may require additional time with a child present. By planning ahead, adults can take the additional time necessary and not be as frustrated or exhausted as they would be if they had not planned ahead for the activity. Adults also should be firm about a child's bedtime. Although a child may want to stay up late, she or he still needs a great amount of rest. A child who does not get enough sleep may be difficult to manage the next day since lack of rest can make a child tired and irritable.

Direct Guidance

Direct guidance is used to influence behavior through direct interaction with the child. Different types of direct guidance can be used based on the child's age and what works best with the child. Three types of direct guidance include the following:

- physical guidance
- verbal guidance
- affective guidance

Physical Guidance. Demonstrating how to do something or helping or leading a child in an activity is known as ***physical guidance***. This type of guidance is helpful especially if the child is young and does not have a great deal of verbal ability. Physical guidance also helps reinforce verbal guidance. Many people learn and remember better when they have something to watch instead of just listening to words. An example of physical guidance is showing a child how to stop before crossing the street and to look for traffic. The person showing a child how to cross the street also can use verbal guidance to explain what is happening and why it is important.

Verbal Guidance. ***Verbal guidance*** includes using the spoken language to communicate guidance to a child. This type of guidance becomes more effective as the child grows older and develops verbal ability. However, verbal guidance must be used in a tone that tells the child that the parent is serious and certain about what the child needs to do. Some suggestions for effective verbal guidance include the following:

- Adults should give only one or two directions at a time. A child may not be able to remember more than this. If too many directions are given at once, the child may become confused about what she or he is supposed to do.
- Statements made by adults should be positive. Adults should tell a child what to do instead of telling the child what not to do. When a child is told what to do, he or she usually has no question about exactly what is desired. A child who is told what not to do may still not know what is supposed to be done.
- When using verbal guidance, the adult needs to be sure she or he has captured the child's attention. An adult should be close enough to the child to establish eye-to-eye contact. Many times, the adult should bend or kneel to be on the child's level.
- When telling a child what to do, the adult should say the action part of the sentence first. An example of this would be, "Eat your sandwich," instead of, "You need to eat your

sandwich." By putting the action at the beginning of the request, the child can focus on the action that is expected. When the action is surrounded by other words, the child might become confused about what action is desired.

- Adults should give directions at the place and time they want the directions followed. If directions are given too early, a child may not remember them.
- Limits should be clearly stated so a child knows where and when to stop. Many limits are needed where a child's actions are concerned, and they must be stated clearly and enforced consistently. An example of a limit would be allowing children to play only in the yard. If children clearly understand that they are not allowed to leave the yard, they will be more likely to stay in the yard.
- Instead of simply making a request or giving a direction, an adult should give reasons why the request or direction was given. This helps the child understand why she or he is doing something. Understanding reasons for doing things can help a child figure out other situations for himself or herself.
- To help a child become independent, an adult should not give too may directions or become bossy to the child. When an adult constantly tells a child what to do, the child does not think for herself or himself and cannot decide what should be done next. A child often is more capable of figuring out what to do than adults think.

Affective Guidance. When using ***affective guidance***, adults communicate their feelings to children about a behavior while letting the children know that the adults also understand the children's feelings. One of the main goals of affective guidance is to help children feel good about themselves and their accomplishments. This can be done by adults telling children that they love them and are proud of them. Praise helps children develop a positive self-concept and can help guide their behavior to achieve more accomplishments. If children are not praised and reassured, they might not care about accomplishing new tasks since no one else seems to care. Lack of positive affective guidance can lead to negative behavior. Positive feedback encourages children to repeat favorable behavior.

Children have never been very good at listening to their elders, but they have never failed to imitate them.

—James Baldwin
1924-1987

Discipline

Discipline is a form of guidance that teaches a child to have self-control. Discipline, like other forms of guidance, is appropriate in different forms depending on the child's age. An adult can discipline a child many ways.

Discipline can be psychological or physical. Punishment such as spanking is one of the most controversial forms of physical discipline. Psychological discipline includes actions that are not physical, such as removing a child's privileges as well as discussing with the child his or her actions. Discipline that is directly related to the child's actions also can be very effective. An example of this type of discipline is having the child clean the wall

after intentionally marking on it when she or he knew this type of behavior was not allowed.

It is best for discipline to take place immediately after the undesirable behavior. When a parent waits for the other parent to arrive or when discipline is postponed until the family is at home, the child may forget why he or she is being disciplined. If the child knows she or he will be disciplined later, the child may be anxious and fearful waiting for the time to arrive. Discipline also should be consistent so a child can expect the same discipline each time certain behavior occurs. If a child breaks a limit one day with no reaction from an adult but receives negative feedback another time the limit is broken, the child will become confused about what type of behavior is allowed. For this reason, adults need to be consistent about a rule or limit.

Setting limits is one way of using discipline to help children develop self-control. Society places many limits on people, and children must learn at an early age to take limits seriously. Limits placed on children usually are set by parents or other caregivers. Setting limits is very important because it helps children understand what is acceptable and what is not acceptable. Limits help prepare children for adjusting to the outside world. In addition to setting limits for conformity and proper behavior, limits also need to be set to protect children. Many limits, such as not allowing children to cross the street by themselves, are made for safety reasons.

> *One of the most obvious facts about grown-ups to a child is that they have forgotten what it is like to be a child.*
>
> —Randall Jarrell
> 1914-1965

Whatever the reason for limits, adults need to follow certain guidelines when communicating limits to children. When adults state what the limits are, they should state them clearly and consistently. In addition to stating the limits, adults need to be sure that children know what behavior is allowed. This avoids confusing the children about what can and cannot be done. Once a limit is set and clearly understood, children should not be able to break the limit without some type of feedback.

If children question the reasons for a limit, adults should explain why the limit is necessary. This helps children understand and remember limits better than if they are simply told a limit with no explanation of why the limit is necessary.

PARENTING STYLES

The guidance techniques parents and other adults use usually can be classified into one of three main styles of parenting. Parents may use only one parenting style or a combination of parenting styles, and they may change from one style to another as their children get older. Parenting styles include the following:

- permissive
- authoritarian
- democratic

Permissive. A permissive parenting style allows children to have nearly complete free-

dom in regard to behavior. Permissive parents set hardly any restrictions on what children are allowed to do. Many permissive parents feel that this type of parenting allows their children to explore their surroundings in order to learn for themselves. However, many people believe that the children actually may feel insecure and lost because they have no direction. When these children are outside the home where rules must be followed and interactions must take place, they might have a difficult time adjusting to this type of environment.

Authoritarian. The authoritarian style of parenting is completely opposite from permissive parenting. Authoritarian parenting relies on authority, obedience, and strict discipline in order to achieve desired behavior from children. Parents expect children to respect authority and do as the parents say with no explanation or questions. When children deviate from acceptable behavior, authoritarian parents often use physical punishment and force to correct the situation. Many people believe that this type of parenting can be harmful to children because it causes them to behave only out of fear of punishment. Behaving out of fear does not teach children why certain behavior is expected and other behavior is undesirable.

Democratic. Adults who favor a democratic style of parenting set rules and limits while also giving children a certain amount of freedom. When rules or limits are set, parents explain them to the children so the children will understand why they are necessary. Democratic parents do not expect children to accept something just because the parent says to. This type of parenting style encourages children to ask questions because they know they will receive an explanation.

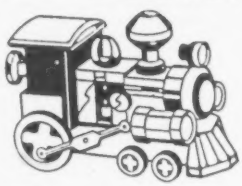
When children do misbehave in a democratic family, the parents normally use a form of discipline other than physical punishment. In order to encourage favorable behavior, positive reinforcement (rewarding good behavior to encourage its repetition) is used when favorable behavior is exhibited as opposed to using punishment to stop negative behavior. Much of society believes that the democratic style of parenting is the most beneficial for children. Through this style of parenting, children must learn to live with rules and limits but also have the chance to learn and become independent with their freedom.

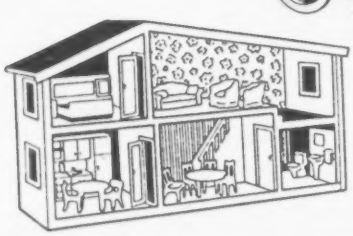
INFLUENCE OF ROLE MODELS ON DEVELOPMENT

Children often imitate people they admire. People that others pattern behavior after are called ***role models***. Role models can include relatives, friends, or celebrities such as athletes and movie stars. Therefore, it is important for people to behave in a manner they would want children to behave. In the case of children imitating celebrities, children should be taught that some things they see in the movies are not real and are not possible for other people to do. For instance, if a child sees someone fly in a movie, she or he needs to know that this really is not possible. If a child is not taught the difference between reality and fantasy, he or she might try to do things that can be very harmful. Children also might try to behave like bad characters from movies or television shows. When this happens, adults need to explain to children that this type of behavior is not acceptable just because someone from a television show or movie behaves this way.

When adults who have close relationships with children serve as role models, they can have a great impact on the children's development. Adults not only influence children's behavior, but they also have a great impact on children's attitudes about gender roles, ambition, morality, and conscience. Children want to imitate others to feel accepted or close to a group. Therefore, they may imitate parents because that is who they want to be like.

Children's gender role development often begins at birth. ***Gender role development*** is the development of characteristics that are considered appropriate for a certain sex. Children are given masculine or feminine names along with masculine and feminine clothes and bedrooms that may be pink or blue. Girls and boys are often given different kinds of toys that enhance different kinds of development in the children. When boys and girls are treated differently from one another and see adult females and males in different roles, sex-role stereotyping begins to take place.





Sex-role stereotyping is creating an image of how all females and all males are supposed to act. By watching parents' behavior, children learn what they think is the way males and females should behave. If children see only the mother doing work around the house such as laundry, cooking, and cleaning, they begin to think that this type of work is only appropriate for females. When children see only males in careers such as police officers or doctors, the children believe that only males should be in these professions. Children need to understand that men and women can do many things the same. Women can be good police officers and men can do good housework. When children express stereotypical attitudes regarding gender, parents need to make it clear that males and females can do the same things. When reading books or watching television programs, it is good to make selections that do not stereotype males and females.

EFFECTS OF GUIDANCE ON SELF-CONCEPT

Guidance affects a child's self-concept in many ways. ***Self-concept***, also known as self-image, involves the way people see themselves including their identity, attitudes, abilities, and value. A person's self-concept has a direct impact on her or his self-esteem. ***Self-esteem*** is pride and belief in oneself. It is difficult to have much self-esteem if a person does not have a positive self-concept.

Children have more need of models than of critics.

—Joseph Joubert
1754-1824

Through guidance methods, adults can have a great impact on a child's self-concept. This, in turn, has an effect on the child's self-esteem. Direct and indirect guidance as well as the discipline methods used impact a child's self-concept.

As children become older, they become more independent. Children's peer groups become increasingly important, but adults still play an important part in children's continuing development. When children get older, they test their abilities more and more, using their knowledge and skills to accomplish tasks. Adults need to encourage children to do things on their own and praise them for a job well done. When children fail, adults should continue to give positive feedback and encourage the children to try again. By allowing children to make choices and decisions on their own, adults encourage a positive self-concept. If children fail when trying to complete a task and adults tell the children that they are not smart enough to do that, the children will begin to believe it and will not try to accomplish many tasks. This type of negative feedback has a negative effect on self-concept.

Adults must remember that their actions, no matter how insignificant they seem, can have a great impact on children's self-concept and self-esteem. Positive feedback and encouragement are the best ways to help children develop positive, healthy self-concepts.

ADDRESSING CHILDREN'S QUESTIONS ABOUT PHYSICAL ISSUES

As children grow and develop, they become curious about everything around them. They notice things that are happening and ask many questions about how and why these things happen. Some of these questions are in regard to sexual information such as how babies are made and why boys and girls are different. When children ask these questions, the person asked should give honest, simple answers that are appropriate for the children's age and development.

Many adults find it very difficult to discuss these issues with children. They may be afraid of discussing sexual issues with children or find it very uncomfortable. These attitudes are often related to how the adult was treated regarding these issues when he or she was a child. If children are taught that it is bad to ask these kinds of questions and that adults will not answer the questions honestly, they may be more likely to grow up with unhealthy attitudes about discussing sexual issues.

When parents or other caregivers overhear children discussing sexual information that is incorrect, adults should explain the correct information to the children while using accurate terminology. When adults share their knowledge, the children gain security in knowing that they are given the correct information.

Age-Appropriate Information

Depending on the child's age, an adult can offer different amounts of information related to the child's questions. Curiosity about everything generally begins at around age three. For children three to four years old, sexual questions may first appear when toilet training begins. This age group is very curious about how bathrooms look and how people use toilets. This age group also differentiates girls from boys and asks about where babies come from. These questions should be answered with simple, truthful answers that this age group can understand. For this group, an adult may want to simply answer the question or offer a small amount of easy-to-understand additional information. While books and pictures can be helpful when explaining information to all ages, pictures can be especially helpful to this younger group since their verbal skills may not be well developed.

During the preschool years, children may begin wanting privacy. Adults should allow them privacy when it is safe. By giving children privacy, adults teach them to respect other people's privacy. If children are not allowed to have any privacy, they may not be able to understand why other people need privacy.

For children five to six years old, parents can offer more information since this age group may be able to understand more than children who are three to four years old. Children this age usually are independent in daily routines and can bathe, attend to toileting needs, and dress by themselves. Doing these activities on their own gives them more opportunity to explore their own bodies. This exploration can lead to more questions about sexual information as well as a better understanding of the information they receive.

Questions asked by older children of age nine or ten create a good opportunity for an adult to begin an honest, sincere discussion about sexual information. When children reach the adolescent years, they will begin to physically develop into adults. When these changes occur, adolescents may be directly confronted with sexual issues. If open, honest communication is established when children are young, they may be more likely to discuss these issues with adults when they reach the adolescent years.

No matter what the age group, adults need to respond openly and honestly to children's questions. Questions should not be ignored or

given false answers using myths and slang terms. This openness from the beginning will encourage children to continue asking questions throughout their childhood and beyond.

Sexual Abuse

When children become curious about sexual issues, it may be a good time to discuss the issue of sexual abuse. ***Sexual abuse*** is when a person harms, touches, or takes advantage of another person in a sexual manner. Children need to be aware that sexual abuse exists and that it is wrong. Children need to understand that touching is special. It is so special that children must learn to feel that their bodies should be touched only by themselves unless examination is necessary for medical reasons.

Sexual places are private and should not be touched by other people. Children need to understand that they must tell an adult if another child, teenager, or adult touches them in places that are private. However, parents or other adults should not make children afraid of touching altogether. Touching such as hugging and patting can be signs of love and affection that are not harmful. Children still need affection. Adults need to explain clearly that the difference in a good touch and a bad touch mainly depends on what parts of the body are involved. Chapter 10 contains more information on sexual abuse.

Summary

- A child is influenced by many things in the environment. These influences determine a child's behavior, attitudes, and level of development.
- The guidance a child receives needs to be appropriate depending on the child's age and abilities as well as the specific situation in which the guidance is used.
- Guidance includes all of an adult's actions and words that are used to influence a child's behavior. Adults provide guidance for children in many different ways.
- It is important for adults to learn about guidance methods so they can make wise decisions about the best types of guidance for children. Guidance methods include indirect guidance, direct guidance, and discipline.
- Indirect guidance provides a child with guidance without using direct communication. Indirect guidance includes arranging space, setting examples, making plans, and setting time schedules.
- Direct guidance is used to influence behavior through direct interaction with the child. Three types of direct guidance are physical guidance, verbal guidance, and affective guidance.
- Discipline is a form of guidance that teaches a child to have self-control. Discipline can be psychological or physical.
- The guidance techniques parents and other adults use generally can be classified into one of three main styles of parenting. These three parenting styles are permissive, authoritarian, and democratic.
- Role models are people after whom others pattern behavior. Role models can include relatives, friends, or celebrities such as athletes and movie stars.
- Through guidance methods, adults can have a great impact on a child's self-concept. Self-concept is the way people see themselves including their identity, attitudes, abilities, and value.
- As children become older, they become curious about everything around them. This curiosity often leads to questions regarding sexual information. When a child asks these questions, the person asked should give honest, simple answers that are appropriate for the child's age and development.

Vocabulary

affective guidance
direct guidance
discipline
gender role development
guidance
indirect guidance
physical guidance
role models
self-concept
self-esteem
sex-role stereotyping
sexual abuse
verbal guidance

Review

1. What are some of the reasons children need guidance?
2. What is guidance?
3. What are four forms of indirect guidance?
4. Define direct guidance and explain the three types.
5. What is the purpose of discipline?
6. List and explain the three styles of parenting.
7. What are role models and how do they affect children's behavior?
8. How does guidance affect self-concept?
9. How should adults address children's questions about physical issues?

Critical Thinking

Interview three peers who were each raised with a different parenting style—one person with permissive parents, one person with authoritarian parents, and one person with democratic parents. Ask each person about his or her attitudes toward the style of parenting. Ask questions such as: Do you agree or disagree with this type of parenting style? Why? Will you use this type of parenting with your own children? Why? How did this parenting style affect the type of guidance you received when you were younger? Compare the three types of parenting based on the interviews.

9

Societal Trends Affecting Children

ESSENTIAL ELEMENT

- ❑ Discuss the effects parent/guardian employment has on the well-being of the child.(e5A)
- ❑ Discuss societal trends impacting children.(e5C)

OBJECTIVES

- ❑ Explain influences that affect societal trends.
- ❑ Identify societal trends and analyze their effects on children.

Children today often face many changes and adjustments that occur as a result of trends in society. These trends often have a great impact on children. To help children adapt to these changes and influences, parents and other caregivers need a good understanding of how these trends affect children.

INFLUENCES ON SOCIETAL TRENDS

The world is constantly changing. For today's children, many things are different than they were for children in the past. ***Societal trends*** are the current tendencies of people living together as a group. Societal trends may be affected by global connections, ecological change, and technological change.

Global connections have increased greatly over the last few generations. ***Global connections*** are the ties or relationships that people in different areas of the world have with each other. In the past, different parts of the world were isolated from each other and did not have much interaction. However, with the development of new technology, people from different parts of the world are able to interact more and more. Television, telephones, and airplanes have made it much easier for separate parts of the world to come in contact with one another. Through these contacts, different cultures may influence each other. Therefore, U.S. society might be influenced by different beliefs or the

different ways other societies have of doing things. The society in the United States might adopt the societal trends of other countries. In this way, societal trends in the United States change.

Technology also influences the change in societal trends. ***Technology*** includes development of better equipment and machinery that make change possible. Technology enhances global connections. Some of the technological advances that affect global connections include television, telephones, and airplanes. Other technology such as improved automobiles affect societal trends. For instance, improved automobiles allow people to travel more often and farther distances than was once possible. This increased travel allows people to encounter new experiences that might not exist in other areas of the country. New technology also affects the amount of time it takes to complete tasks. With the use of equipment and appliances such as microwave ovens that enable people to accomplish things faster, people have more time to devote to other activities. The way this extra time is spent can become a societal trend. For instance, with more emphasis on fitness and health, people might spend their extra time exercising.

In addition to global connections and technological changes that affect societal trends, ecological change also is affecting society. ***Ecology*** includes the relationships living things have with each other and with their environment. Living beings, such as people, have a great impact on the environment. This, in turn, has an impact on the people. For instance, when areas become densely populated, pollution increases due to the large amount of traffic. This pollution might cause people to be less healthy than they would be if fresh air was available. Poor health might cause people to become ill more often, thus increasing doctor bills and time lost from work. These situations can cause stress and financial problems that have an enormous impact on families.

SOCIETAL TRENDS

Societal trends include increased mobility, more family separation, marital issues, employment and unemployment, homelessness, greater amounts of violence and crime, and drug and alcohol use. With so much change constantly occurring in society, families often have difficulty adjusting. Therefore, it is important for parents and other caregivers to understand the effects societal trends have on children so they can help children adjust as smoothly as possible.

Mobility

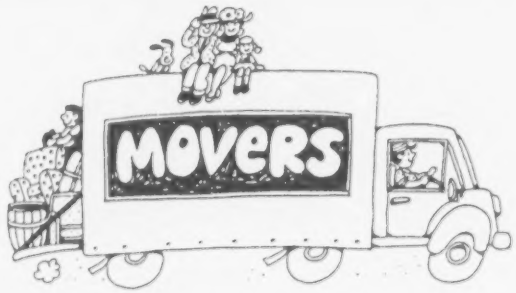
Mobility is the ability of things to move about from place to place. Society has become very mobile through the decades with people going to all regions of the world. In the past, relatives lived near each other and were available as a support system when other family members were in need. Today, it is common for an immediate family to live where no other relatives are located. This separation and lack of support can cause a great amount of stress in a family, especially in times of crisis. Family members might be in different locations throughout the world and may not be able to go to relatives who are in need. When relatives are great distances apart, it is very difficult for them to see each other very often. Children lose contact with relatives and may not be exposed to family traditions or history as they would be

if they were around relatives such as their grandparents. Making telephone calls or writing letters is often the only way to have contact with relatives.

When a family or individual is separated from other relatives who all live in the same area, it can be very lonely to know that one cannot be a part of family gatherings. Separation of the immediate family from other relatives can cause children to feel lonely when they miss relatives who used to be near. The sadness or loneliness parents feel also can affect children's feelings of sadness and loneliness. Children's development can be hampered if they experience these feelings often.

Due to the increasing chances of becoming mobile, more families move from one place to another. When a family moves to a new town or city, children must make many adjustments. Having to leave friends and relatives and make new friends can be very difficult for everyone, but parents must help children adjust to their new surroundings. Parents can help children meet neighbors or enroll children in programs that other children attend. Parents should help children view a move as a positive and exciting experience.

Moving often can improve children's lives if the parents obtain good employment and the area offers more opportunities and choices than were available to the family before the move. If a family is happier in a new place, family situations such as fighting, stress, and anger that existed before the move may diminish. However, parents need to realize that all children handle moving in different ways. Children's ages may have much to do with how well they adjust to the new environment.



Family Separation

With the increased mobility that is possible today, immediate families have a greater chance of having to be separated than they once did. Family separation that is not marital-related can cause strain on a family. Separation may be necessary when a parent has to travel to another city for employment or when a parent has to leave to care for an ill relative. Separation may be necessary for various other reasons, too. Children need to understand that when a parent leaves, he or she will return. The separation will not be permanent, and the family must work through the situation the best way possible.

Short-term separation usually does not have a great impact on family functioning. However, when the separation is for a long period of time, it can affect the family in many ways. Family routines may change when only one parent is available to manage the tasks that used to be accomplished by two people. If parents are separated from their families during times of danger, such as war, the impact on children can be even greater if the children are old enough to understand that their parents are in danger. Children may become preoccupied with worry that their parents have been hurt. When one parent is away, the other parent may need to turn to other sources such as family and friends for support.

Marital Issues

Marital issues are a concern for many families. Children can be affected enormously by marital issues such as separation, divorce, and remarriage. The number of people who get divorced each year has increased a great deal over the past few generations. With more divorces occurring, more remarriages are occurring.

Separation and Divorce. ***Separation*** in marriage occurs when one of the parents lives apart from the family. In this situation, the parents are still married. ***Divorce*** occurs when a married couple legally dissolves their marriage. The effects of separation and divorce vary depending on the family situation and the ages of the children involved.

To deal with separation or divorce, children always should be told the truth about what is happening and what can be expected. Children often feel that the separation or divorce is their fault and that they could have done something to prevent it. Children may feel this way when they have heard their parents fighting about matters that involve the children. Parents need to reassure children that they did not cause the parents' divorce. Parents need to explain that it is the relationship between the parents that has changed, not the relationships between the parents and the children.

Parents must reinforce their love for their children and reassure them that their parents always will love them. In addition to telling the children these things, parents need to be sure their actions reflect their words. Parents' emotions can be strong during separation and divorce, and parents may unknowingly send mixed signals to children. Parents may get angry with their children easily, and this anger makes the children feel rejected. Parents need to make an extra effort to make the adjustment to a new lifestyle as easy as possible for the children.

During times of separation and divorce, children often feel they are pressured to choose one parent over another. Children should never have to make such a choice, and one parent should not influence children's attitudes by telling them things about the other parent or blaming the other parent for marital problems. If parents place blame on each other or are angry with each other, these feelings should not be expressed in front of the children.

While separation may be temporary, divorce is permanent. However, children may have hopes that their parents will reunite. Many children even believe that they can do certain things to get their parents back together. If parents are aware that their children have these hopes and dreams of having the family as it once was, they should explain to the children that this is not likely. Parents should encourage children to adjust to their new lives and not to be preoccupied with hopes of reuniting. Parents

should not encourage these hopes, even though parents may have them also.

Children and parents experience many feelings when separation and divorce occur. To help family members understand and deal with their feelings, professional counseling may be sought. Counseling may be especially helpful when parents cannot explain things to their children without showing anger and blame. For parents and children who are clinging to the hopes that reconciliation may occur, counseling can help these family members accept the reality that divorce has occurred.

Remarriage. After divorce occurs in a family, it is always possible that one or both of the parents will remarry. When remarriage occurs, children are faced with the reality that their parents are not going to get back together. When children's parents remarry, their new spouses are the children's ***stepparents***. Children may see their stepparents as ruining the chance of getting their divorced parents back together. Children may resent stepparents, especially when stepparents have to discipline children or enforce rules. Children often react by not paying attention to their stepparents because they are not the "real" parents. Stepparents often are reluctant to discipline their step children for fear of causing resentment from the children or the children's "real" parents.

Children may feel uncomfortable around their stepparents, especially if they have not had opportunities to become well acquainted. When parents are involved in relationships, they should not try to keep it a secret from their children. Children should be given an opportunity to meet and get to know someone who could become a member of the family. Stepfamilies should participate in activities that the biological parent, stepparent, and children can all enjoy. These kinds of activities can help children become used to other adults who are part of their lives.

New situations also arise when a stepparent has children who enter the family. When two parents who both have children from previous marriages get married, a ***blended family*** is formed. It can be very difficult for members of a blended family to become used to one another. All family members may need to adjust to the habits and personalities of others. A family's way of doing things may need to be adjusted to accommodate the traditions and rituals of both parts of the family. All children should receive the same treatment. Parents should not favor their own children or their spouses' children. When children are not treated fairly, resentment may arise and make adjusting more difficult.

Sometimes, a child's parent and stepparent may decide to have more children. The offspring of a child's "real" parent and stepparent is the child's half brother or half sister. A child of divorced parents may be especially envious of a new child because the new child has parents who are married to each other. The stepchild also may feel like the new child is more a part of the family.

When stepparents enter a family, when blended families are formed, or when remarried parents have more children, many different reactions may occur. Children's ages have much to do with how they handle such situations. In addition to children's ages, parental influences also impact how children react in certain situations. Parents need to understand the factors that influence children's reactions

and attitudes in order to deal with them in an appropriate manner.

Employment

It is becoming more common for both parents in a family to be employed or for children to be in single-parent families where the parent works. When parents work, children must either take care of themselves or receive care from another source other than their parents. Parents are faced with the difficult decision of what type of care their children will receive. Several options for parents who are seeking child care include the following:

- child-care centers
- preschools
- parent cooperatives
- Head Start programs
- family child care
- in-home care
- self-care

Child-care centers normally provide care for the entire day to accommodate working parents. Generally, all ages are accepted from birth to children who require care after school. Age-appropriate activities are planned for different age groups. These activities may include structured learning activities, informal play, meals, and naps. Child-care centers may be privately owned, industry operated, or funded by the government. Most states require child-care centers to abide by many standards in order to be licensed. However, states' requirements may differ from one another, thus affecting the quality of child care in various states.

Preschools, or nursery schools, are child-care centers that provide educational programs for older children who do not yet attend school. Children in these programs usually are age three to five. In this type of environment, activities are offered that enhance all aspects of children's development. Preschools usually operate on a half-day schedule two or more days per week. Some preschools may combine preschool with a child-care center to accommodate working parents. In most states, preschool programs also are required to follow many standards.

A ***parent cooperative*** is a type of child-care facility in which parents take turns providing supervision for children who are using the facility. A qualified caregiver or preschool teacher organizes the program and guides parents who volunteer their time to help the center. This type of child care arrangement reduces the cost of child care, but it may not be suitable for a working parent who cannot volunteer time to assist.

A ***Head Start program*** is a program that is funded by the federal government mainly to assist disadvantaged children and children of lower income families. However, some physically handicapped children and other children who can benefit from the program are allowed to participate. Head Start programs are locally operated and usually serve children three to five years old. These children are guided to function well in school, at home, and in the community. In addition to enhancing development, Head Start programs furnish one-third to one-half of children's daily nutritional requirements since these children may be lacking nutrition at home. Health care is available for children as well as social services for children and their parents who are in need. Parents are encouraged to be involved with the Head Start program in order to assist the children as much as possible.

Family child care is a type of care that is provided in the caregiver's home. This type of child care is less likely to be required to follow state mandates. Caregivers may not have training or education regarding child care and

child development. Therefore, parents should examine this type of care closely to ensure that their children are receiving good care. Only a few children should be cared for by one caregiver in a home setting. Too many children may be too much for one person to supervise carefully.

In-home care is another option for parents seeking child care. ***In-home care*** involves bringing a caregiver into the child's home to provide care. One disadvantage of this type of care is the high cost. However, it can be advantageous since the parents do not have to take children to and pick them up from other types of child care. When a skilled caregiver is selected, this type of care also allows the children to receive an abundance of individual attention. Since this type of caregiver is not required by law to meet specific qualifications, the parents must decide if the caregiver has the ability to provide quality care and guidance.

For older children, parents may choose self-care. ***Self-care*** is when children care for themselves in their own homes when they are not in school. This type of care is often necessary when other types of child care are not available or are too expensive. However, families must be very careful to be sure children know rules and guidelines in order to ensure safety when they are alone. Due to the widespread concern about the well-being of self-care children, many schools, non-profit agencies, and community organizations schedule activities to occupy children's time until parental supervision is available in the homes.

No matter what type of care parents choose, they need to choose care that provides a healthy environment for children while taking into consideration the hours care is available, the cost of the program, and the location of the center. A quality child-care program can be a great benefit for children by enhancing their development and easing their adjustments.

In addition to the effects employment has on child-care needs, parental employment affects children in other ways. When parents come home after working all day, they may be tired or might need to complete tasks such as preparing dinner, cleaning house, or running errands. These tasks take time that could otherwise be spent with the children. The amount of time parents spend with their children may be less when parents are employed. However, parents can make sure that the time they do spend with their children is quality time that is put to use wisely. For instance, parents and their children can spend time in the evening talking or playing games instead of watching television. This enables parents and their children to interact, communicate, and learn new things about each other.

To spend quality time with children after coming home from work, parents should avoid bringing work home from the office if at all possible. Children often do not understand why parents have to work at home when they have been working all day. Children may think that parents bring work home to avoid doing things with them. Even though this is not the case, children may feel unimportant and not cared for.

When jobs require travel, parents may have to be out of town on such occasions as birthdays or school events. These occasions are very special to children. When parents are gone during these occasions, children may feel that they are not as important as the parents' jobs. Children may feel neglected and rejected when they do not understand that parents may not

have a choice about travel if they do not want to lose their jobs. When a single parent or both parents in a family are required to travel at the same time and must be away overnight or for several days, problems can arise with finding adequate care to accommodate children overnight or continuously for several days until parents return. This can cause stress for the family, and staying with someone other than the parents can be uncomfortable for children. Therefore, parents should try to choose the type of long-term care that can allow children to feel most comfortable.

When parents are employed in jobs that may be considered dangerous, children have special concerns. Occupations such as fire fighters and police officers can be dangerous at times. While people in these jobs are not always in danger, it is much more likely for danger to arise in these occupations than in those that are considered relatively safe. Children who are aware of the danger their parents face may become obsessed with concerns that something bad will happen to their parents. Other family members may display signs of worry that reinforce the children's thoughts. Excessive worrying about family members who may be in danger can cause stress for the family.

Unemployment

In addition to the effects employment can have on children, unemployment also affects children in many ways. Due to changes in the economy, unemployment (the percentage of people in the normal work force who do not have jobs) has increased from a generation or two ago. With less money available, fewer jobs are available and many jobs are being eliminated in order to cut down on spending. This means that many parents have lost their jobs and cannot find suitable jobs that pay enough to support their families.

When unemployment occurs, it can lead to financial problems for the family. Parents who cannot find employment may feel inadequate since they cannot provide the things their families need. Children also might be embarrassed about their parents' unemployment. These feelings in the family can create tension and stress that may lead to arguing or other family problems.

Families handle unemployment in different ways, depending on their individual situations. Some families may have to cut back on spending and do without many extras, but they still have adequate income to provide food and shelter for children. However, other families can be destroyed by unemployment when they do not have money to purchase necessities or when they have many debts to pay. Many families may be eligible to receive government assistance to help them buy food, clothing, and shelter. In some cases, however, families who are eligible are not able to receive assistance for various reasons such as problems with processing paperwork or language barriers. Some families are forced to leave their homes because

they cannot afford to stay. These families may become homeless.

Homelessness

Homelessness is an increasing problem for society. The number of homeless families with children is the fastest growing segment of the homeless population. With growing unemployment, more one-parent families, lack of funding, and changing government policies regarding the poor, homelessness often is a family's last resort when they can no longer afford to keep a roof over their heads. Once families become homeless, it can be very difficult for them to obtain the means to have a home once again.

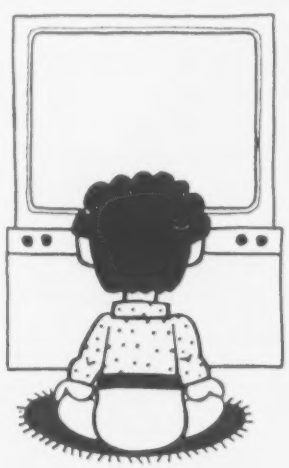
While life is difficult for all homeless people, children in homeless families face unique problems. When families can no longer afford to stay in their homes, their children often must leave school since the families probably will be moving around to different locations or because it is just too difficult to keep the children in school. This stops the children's formal education and slows their learning and progress. Even if children are able to stay in school, their ability to learn is still hampered from worrying about their homelessness, trying to keep others from finding out that they are homeless, lack of supplies, inability to complete homework, poor nutrition, and poor health.

Nutrition and health are major concerns for the homeless. For homeless children who are continuing to grow and develop, nutrition especially is important. When homeless families do not have any money, they are not able to buy food. Therefore, these families must try to get food wherever they can. Food is often obtained from trash cans or it is stolen, which involves the family in criminal activity. In this way, homelessness can lead to acts of crime and violence that are carried out for protection and survival. When the basic needs of food and nourishment are not met, children's emotional development is delayed until these needs are met and higher levels of needs exist.

While poor nutrition can cause medical problems for the homeless, serious health problems also can arise from unsanitary living conditions, eating contaminated food, exposure to the weather, and lack of medical care. Children may be vulnerable to these conditions and need medical attention to be healthy again. Homeless families may not be able to obtain medical attention due to lack of income or lack of knowledge about where to go.

Violence and Crime

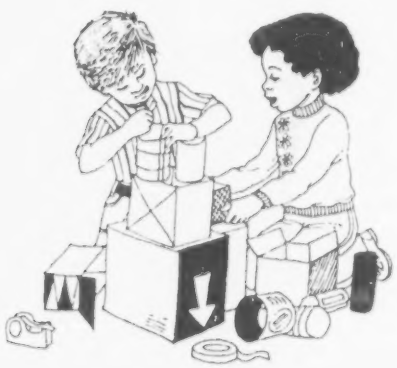
Acts of violence and crime have increased dramatically from one or two generations ago. Many acts of violence and crime can be related to the increased use of drugs and alcohol. Other societal problems such as homelessness also contribute to the amount of violent and criminal acts that are committed every day. Many of these acts of violence and crime affect children. Children who are subject to violence and crime can be affected in many ways. One of the worst cases of violence against children is abuse. Chapter 10 contains detailed information about child abuse and the effects it can have on children.



Children are exposed to many violent acts when watching television and movies. Cartoons, movies, and other television programs are filled with violence. It has been estimated that children are exposed to violent acts on television every three and one-third minutes.

Many people believe that television has a greater influence on children than family interaction. Therefore, children may be influenced to commit violent acts. There are many accounts of children committing violent acts similar to those they view on television. With so much exposure to violence, children become desensitized or less aware of the severity of violent acts.

Society is becoming more aware of this problem, and many people are trying to change television programming so that violence is not so prominent. Some parents are also changing the amount of time their children are allowed to watch television and monitoring what types of programs are allowed for viewing. Parents may encourage children to do other activities during the time television may not be watched.



With gang activity increasing in society, more children feel they must engage in violent and criminal activity in order to belong to a group and be accepted by their peers. This violence may be against opposing gangs as well as people in the community. Children who are not gang members are still exposed to the violence and crime they see on the streets or that other family members encounter. When children witness or experience violent and criminal acts or hear horror stories from others who have been involved in violence and crime, they may become timid and afraid of many things. Children may be preoccupied with fear that they or people they care about will be harmed. Parents need to help their children cope with these fears and possibly seek professional counseling so the children's development will not be hampered.

Drugs and Alcohol

Many people are addicted to drugs and alcohol. These addictions can cause families to suffer in many ways. Parents who are under the influence of drugs or alcohol may become violent and abusive toward children, spouses, or others. The effects of violence were discussed previously. Families suffering from drug and alcohol abuse also might suffer financial problems since excessive amounts of money are spent on drugs or alcohol. Money that should be spent on food and clothing may be spent on parents' addictions instead. Parents may even neglect paying bills and rent. This deprives children of their basic needs and can affect their physical and mental health.

Children are often embarrassed by parents who are under the influence of drugs and alcohol. They may not invite friends over for fear of what condition parents will be in. Children often take care of their parents who are under the influence of drugs or alcohol. They may clean up after their parents and try to make them feel better. Many times, children take on the role of the parents by providing care

and doing housework that the parents neglect. Children may have to lie to other people about their parents because they are too ashamed to tell the truth or because the parents have told them to lie.

If parents are using alcohol or drugs, there is always the possibility that they could be arrested. This can cause separation from the child that may be lengthy if a jail term is imposed. In addition to being arrested, parents under the influence of drugs and/or alcohol may be more likely to be involved in accidents, especially while driving a vehicle. While some injuries from accidents may be minor, others can be very serious or even result in death. If children are with their parents when accidents occur, the children's lives are put in danger also. People who drive under the influence of drugs and/or alcohol also endanger the lives of everyone else on the streets.

Children who have been exposed to drug and alcohol use may have easy access to drugs and alcohol in the home or might know where they can get them. Children who are tempted to try these substances may be more likely to do so when it is easily obtained. Children who see their parents escape stress and pain through drug and alcohol use may use drugs and alcohol for the same reasons. With the drug and alcohol awareness campaigns that are now in effect, children who are not educated by their parents about drug and alcohol use are receiving information from other sources. This information may help children understand the dangers of drug and alcohol use and may stop them from following the examples their parents have set.

Summary

- Societal trends are the current tendencies of people living together as a group. Societal trends often have a great impact on children.
- Societal trends may be influenced by global connections, technology, and ecology.
- When a family moves to a new place, children must make many adjustments. However, moving can improve children's lives if the area offers more opportunities and choices that aid in the family's happiness.
- With the increased mobility of society, it is more common for immediate families to be separated. Separation may be necessary when a parent has to travel to another city for employment, when a parent has to travel to care for an ill relative, or when a parent serves in the military.
- When children are involved, they can be affected enormously by marital issues such as separation, divorce, and remarriage. When dealing with separation or divorce, children always should be told the truth about what is happening and what can be expected.
- After divorce occurs in a family, there is always the possibility that remarriage will occur with one or both of the parents. When stepparents enter a family or when blended families are formed, many different reactions may occur. Parents need to understand the factors that influence children's reactions and attitudes in order to deal with them in an appropriate manner.
- It is becoming more and more common for both parents in a family to be employed or for children to be in one-parent families where the parent works. Due to employment, parents have to arrange for child care as well as time to spend with their children.
- Due to changes in the economy, unemployment has increased from a generation or two ago. With less money available, fewer jobs are available and many jobs are being eliminated in order to cut down on spending. When parents are unemployed, it can have many influences on children.
- Homelessness is an increasing problem for society. The number of homeless families with children is the fastest growing segment of the homeless population. Children in homeless families face a variety of unique problems such as lack of education, poor nutrition, and lack of health care.
- Acts of violence and crime may be caused by alcohol and drug abuse or homelessness. Many acts of violence and crime affect children. Children who have been exposed to violent and criminal acts may need professional counseling to help them overcome the lasting effects of these acts.

- Addiction to drugs and alcohol can cause families to suffer in many ways. Children of parents who abuse drugs and alcohol may be subject to violence, neglect, and danger.

Vocabulary

blended family
child-care centers
divorce
ecology
family child care
global connections
Head Start program
in-home care
mobility
parent cooperative
preschools
self-care
separation
societal trends
stepparents
technology

Review

1. What are societal trends?
2. How are societal trends affected by global connections, technology, and ecology?
3. What are the positive and negative results of mobility?
4. How can family separation that is not marital related affect children?
5. What can parents do to make separation and divorce easier for children?
6. How can remarriage affect children?
7. What are the different types of child care available and how do they differ?
8. Besides child care, what other effects does employment have on children?
9. How can unemployment affect a family?
10. Explain the homeless problem and how it affects children.
11. How can children who are exposed to violent and criminal acts be affected?
12. How are children affected by drug and alcohol use?

Critical Thinking

Interview peers who have experienced the effects of societal trends such as divorce, remarriage, mobility, violence and crime, addiction, and unemployment. Question peers who have experienced trends at different ages. Find out how the situation was handled by the parents and how it made the child feel. Using the peers' situations, how could the parents have made the situation better for the children? In situations you feel were handled well by the parents, what actions did the parents take to help the children as much as possible?

10

Child Abuse

ESSENTIAL ELEMENT

- Summarize forms, causes, effects, prevention, and treatment of child abuse.(e6D)

OBJECTIVES

- Explain different forms of abuse and identify signs of their presence.
- Analyze the causes of child abuse.
- Evaluate the effects of child abuse.
- Compare ways to prevent and treat abuse.
- Discuss laws that protect children from abuse.

Child abuse is mistreatment of a child that results in harm. Child abuse can occur in many forms. ***Neglect*** is generally referred to when a person's lack of action (such as not providing food) results in a child's suffering when her or his needs are not met. Definitions and laws regarding abuse and neglect vary from state to state. In some states, neglect is not separate from abuse and is categorized as one type of abuse. Anyone can be guilty of child abuse, and any child can be the victim of child abuse.

FORMS AND SIGNS OF ABUSE AND NEGLECT

In Texas, laws known as the Texas Family Code define what actions constitute abuse and neglect. The Texas Family Code applies to any person who is responsible for a child's custody, care, or well-being. This can include parents, foster parents, family or household members, school employees or volunteers, employees or volunteers at child-care facilities, and employees or volunteers at residential institutions or

facilities (such as state schools or orphanages) where a child lives. Children protected by the law include those who are under eighteen who are not married and can still be considered minors.

Parents, caregivers, teachers, and other individuals who have regular contact with children are most likely the people who detect signs of abuse and neglect. Since there are several forms of abuse and neglect, many different signs can signal its presence. Signs of abuse and neglect can be physical or behavioral. Recognizing abuse and neglect may be difficult when only one signal may be present.

It is important for anyone who has contact with children to be able to identify the many indications of abuse and neglect. Figure 10.1 lists signs that may appear when any type of child abuse is present. Figures 10.2 and 10.3 list several signs of different types of abuse and neglect. People who recognize these signs should not be as concerned about determining what type of abuse or neglect is taking place, but they should be concerned about protecting the child and reporting suspicions to the proper authorities.

Signs like these may signal the presence of child abuse.

The Child:

- shows sudden changes in behavior or school performance;
- has not received help for physical or medical problems brought to the parents' attention;
- has learning problems that cannot be attributed to specific physical or psychological causes;
- is always watchful, as though preparing for something bad to happen;
- lacks adult supervision;
- is overly compliant, an overachiever, or too responsible; or
- comes to school early, stays late, and does not want to go home.

The Parent:

- shows little concern for the child, rarely responding to the school's requests for information, for conferences, or for home visits;
- denies the existence of—or blames the child for —the child's problems in school or at home;
- asks the classroom teacher to use harsh physical discipline if the child misbehaves;
- sees the child as entirely bad, worthless, or burdensome;
- demands perfection or a level of physical or academic performance that child cannot achieve; or
- looks primarily to the child for care, attention, and satisfaction of emotional needs.

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Figure 10.1

According to Texas law, abuse is divided into the following categories:
- physical abuse
- emotional abuse
- sexual abuse

Neglect is separate from abuse in the Texas Family Code. The different types of neglect include the following:
- physical neglect
- abandonment
- medical neglect

Physical Abuse

Physical abuse occurs when a person responsible for a child causes bodily injury to the child or when the person does not make an effort to prevent an action by another person that results in physical injury to a child. Physical abuse is generally injury that is nonaccidental. Caregivers are not committing abuse if injury results from an accident not caused by neglect. Figure 10.2 describes signs that may indicate the presence of physical abuse.

Emotional Abuse

Emotional abuse takes place when the person responsible for a child's care causes mental or emotional injury to the child or allows the child to be in a situation where the child suffers mental or emotional injury. The mental or emotional injury that accompanies emotional abuse can impair a child's growth, development, and/or psychological abilities. Emotional abuse is the most difficult type of abuse to identify. It is seldom reported to authorities. Emotional abuse may exist when caregivers cannot accept a child as she or he is and place unreasonable demands on the child's performance. Figure 10.2 describes several other signs of emotional abuse.

Sexual Abuse

Sexual abuse occurs when an adult uses a child to arouse or satisfy the adult's sexual desires or when an adult does not reasonably attempt to prevent another adult from committing these acts. Several acts are associated with sexual abuse. These can include sexual assault, incest, intercourse, and pornography. If the acts are intentionally performed in the presence of a child to satisfy sexual desires, abuse has occurred even though the child was only an observer. Identifying and documenting a case of sexual abuse can be difficult. Sexual abuse can happen to children of all ages, and the abuser often is someone the victim or the victim's family knows. Cases involving female victims are more frequently reported than cases of male victims.

Children who are victims of sexual abuse may react in different ways. Some children regress to earlier types of behavior, such as thumb sucking or bed wetting. They might become afraid of the dark or of certain locations they associate with frightening experiences. Some children develop problems such as sleepwalking or eating difficulties. Guilt, depression, or confusion may be emotional responses of sexual abuse. Figure 10.2 lists signs that may indicate the presence of sexual abuse.

Physical Neglect

Physical neglect results when a person responsible for a child does not provide items necessary to sustain the child's health and life. Necessary items include food, clothing, shelter, care, and protection. If a caregiver is unable to provide these things because of financial inability, he or she is not considered neglectful. However, the Texas Family Code states that if assistance is offered to the caregiver and the

Signs of Abuse

None of these signs proves that child abuse is present in a family. Any of them may be found in any parent or child at one time or another. But when these signs appear repeatedly or in combination, they should cause the educator to take a closer look at the situation and to consider the possibility of child abuse. That second look may reveal further signs of abuse, or signs of a particular kind of child abuse.

Signs of physical abuse. Consider the possibility of physical abuse when the child:
- has unexplained burns, bites, bruises, broken bones, or black eyes;
- has fading bruises or other marks noticeable after an absence from school;
- seems frightened of the parents and protests or cries when it is time to go home from school;
- shrinks at the approach of adults; or
- reports injury by a parent or another adult caregiver.

Consider the possibility of physical abuse when the parent or other adult caregiver:
- offers conflicting , unconvincing, or no explanation of the child's injury;
- describes the child as "evil," or in some other very negative way;
- uses harsh physical discipline with the child; or
- has a history of abuse as a child.

Signs of emotional abuse. Consider the possibility of emotional abuse when the child:
- shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity or aggression;
- is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example);
- is delayed in physical or emotional development;
- has attempted suicide; or
- reports a lack of attachment to the parent.

Consider the possibility of emotional abuse when the parent or other adult caregiver:
- constantly blames, belittles, or berates the child;
- is unconcerned about the child and refuses to consider offers of help for the child's school problems; or
- overtly rejects the child.

Signs of sexual abuse. Consider the possibility of sexual abuse when the child:
- has difficulty walking or sitting;
- suddenly refuses to change for gym or to participate in physical activities;
- demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior;
- becomes pregnant or contracts a venereal disease, particularly if under age fourteen;
- runs away; or
- reports sexual abuse by a parent or another adult caregiver.

Consider the possibility of sexual abuse when the parent or other adult caregiver:
- is unduly protective of the child, severely limits the child's contact with other children, especially of the opposite sex;
- is secretive and isolated; or
- describes marital difficulties involving family power struggles or sexual relations.

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Figure 10.2

Signs of Neglect

The following signs may be suggestive of some type of neglect. While these signs do not necessarily mean neglect is present, further investigation should be conducted to ensure a child's well-being.

Signs of physical neglect
- child does not wear clothing appropriate for the weather and may suffer from conditions such as frostbite or sunburn that result from exposure
- child constantly appears unbathed and dirty
- child suffers from skin conditions such as diaper rash due to inadequate hygiene
- child appears undernourished due to lack of food or malnourished due to poor quality of food
- child constantly complains of hunger and may search for food
- child has inadequate heating and unsanitary living conditions
- child's home is structurally unsafe and may contain exposed wiring

Signs of medical neglect
- child's needs for medical care or medication are ignored
- child does not receive needed health aids such as a hearing aid or crutches
- child does not receive necessary dental care

Signs of abandonment
- child is left completely alone for long periods
- child is allowed to participate in dangerous activities
- child does not receive proper supervision for long periods
- child is placed in the care of another child or children who are too young for such a responsibility

Figure 10.3

caregiver refuses to accept it, then the caregiver is guilty of neglect. Physical neglect may be difficult to identify because it is difficult to know at what exact point a child is not receiving minimal care. Views about what constitutes neglect may depend on what practices are common and acceptable in the community and what practices were used in previous generations. Physical neglect may be suspected when the signals listed in figure 10.3 are present.

Medical Neglect

A caregiver's failure to seek, obtain, or follow through with medical treatment for a child is referred to as ***medical neglect***. When neglect is present, the lack of medical care may result in a substantial risk of disfigurement, bodily injury, death, or impairments to the child's growth, development, or functioning. Dental care also is included in medical neglect. Figure 10.3 lists signs of medical neglect.

Basic medical care in urban areas is available free or for a minimal fee in community health centers. Many communities provide transportation to health centers and medical facilities. Receiving proper medical attention in rural areas may be more difficult because of the distances some individuals must travel.

Abandonment

Abandonment occurs when a caregiver leaves a child without care in a place where he or she could encounter substantial risk or

harm, and the caregiver shows no intent to return to the child. Allowing a child to be in a situation that requires abilities beyond the child's level of development and that results in injury or immediate harm is also considered abandonment. Figure 10.3 describes indications that may be present when a child is abandoned.

Please note that throughout the remainder of this chapter, the term *abuse* may be used when referring to abuse and neglect.

CAUSES OF CHILD ABUSE

There are many causes of abuse. Common feelings that often accompany abusive behavior include tension, stress, anger, and depression. These feelings can be brought on by many different factors. While all abuse cases differ, research has found that certain factors increase the risk of abuse. Factors associated with abuse can be classified into one of four groups. These groups include the following:

- family interactions
- individual characteristics
- societal values
- environmental conditions

> So long as little children are allowed to suffer, there is no true love in this world.
>
> —Isadora Duncan
> 1878-1927

Family Interactions

Since families often spend a great amount of time together, more chances for conflict arise. Parents or other caregivers often have high expectations of other family members. When these expectations are not met, frustration and/or anger can occur. Many households have only one parent. When one person is responsible for the family and she or he does not have occasional supplementary care, the family may be at greater risk of abuse. When one parent is responsible for all or almost all of the caregiving, he or she does not receive much, if any, positive feedback for the parenting role. Fulfilling such a complicated role without any recognition may lead to negative feelings.

Individual Characteristics

Adults who have certain characteristics may be more likely to commit child abuse. Abusive adults may be alcohol and drug abusers, immature, emotionally troubled, unhealthy, or the victims of child abuse themselves. When stress or tension is present, abusive parents often react with violence and anger. Adults who abuse children lack coping skills necessary to deal with their feelings in an appropriate manner.

Children who are the victims of abuse may have characteristics that affect the abuser in a negative way. These characteristics may be physical or behavioral and include those that make the children unappealing, difficult, or different in the eyes of the abuser. These characteristics may be the result of a child being premature, handicapped, unplanned, a different sex than the parent hoped for, or behaving differently from other family members or other children of the same age.

Societal Values

The attitudes of society are another factor in the occurrence of child abuse. When society accepts violence as part of life and believes that parents are in control of their children and may treat their children any way they please, abuse becomes more acceptable. Since so many people do not want to be involved with child abuse cases, abuse often goes unreported. If abuse were reported more frequently, it might deter adults from committing abuse.

Environmental Conditions

Environmental conditions can be stressful on the entire family. When a family or family member changes residence, family structure, or employment status, the entire family is affected. These variations also may lead to financial changes for the family. While changes within the family may have positive effects, they also can produce negative effects. Stress, tension, depression, and anger can accompany changes in the family. These feelings may lead to abusive situations.

EFFECTS OF CHILD ABUSE

While child abuse can cause serious harm to a child's growth and development, child abuse also has lasting effects that carry over into adulthood. Millions of adults have been childhood victims of some form of abuse and now suffer from the effects of this maltreatment. Their physical, emotional, mental, and social health may be permanently damaged. The National Committee for the Prevention of Child Abuse reports that child abuse has reached epidemic proportions worldwide.

Childhood Effects

Abuse denies children their basic need for a secure, safe, trustworthy environment in which to develop. Abused children may suffer psychological, physiological, intellectual, and social growth failure resulting in serious developmental lags. The extent of the abuse can vary greatly, ranging in severity from minor to major. Every day, five children in the United States die from abuse. Abused children may react in many different ways. Some abused children show a very negative self-image while some display negative behavior to get attention. Other children may have a hard time with school work and find that they cannot concentrate well. Sometimes, overly aggressive behavior may be a sign of an abused child.

Some of the possible psychological effects include the following:

- fear of the abuser and others
- feelings of guilt due to self-blame that she or he deserved the abuse
- inability to take self-protective measures due to embarrassment
- confusion because pain accompanies love
- inability to trust others
- personality disorders
- low self-esteem
- depression

Possible physiological effects include the following:

- wounds and injuries
- medical disorders
- generally unhealthy state
- hyperactivity
- central nervous system damage
- poor coordination resulting in problems with balancing, jumping, skipping, etc.
- brain damage resulting in mental retardation
- pregnancy
- physical illnesses brought on by emotions such as stress or nervousness
- disfigurement
- death (due to suicide or medical complications of severe abuse)

> Child abuse casts a shadow the length of a lifetime.
>
> —Herbert Ward

Possible intellectual effects include the following:

- below-average school performance for his or her age group
- developmental delays affecting the child's ability to speak and understand spoken language

Possible social effects include the following:

- inability to enjoy other kids and toys during play
- impaired ability to form and maintain relationships
- inability to give or receive affection
- indifference and withdrawal
- hostile and aggressive behavior such as fighting or stealing

Effects in Adulthood

As abused children become adults, they suffer from the effects of earlier abuse in different ways. Adults who are survivors of child abuse often state that their lives seem meaningless, empty, or even hopeless. Many do not realize that their symptoms are a result of the abuse they suffered as children. They may either accept the abuse as "normal" parenting or forget it completely. Others view the abuse as something that is better left in the past and not dealt with.

Regardless of how adults view their past abuse, many suffer from similar symptoms. These symptoms are the result of unhealthy childhood development and include the following:

- an increased likelihood of engaging in abuse as adults
- inability or difficulty with developing or maintaining close relationships with others
- overwhelming feelings including fear, depression, and anger which often seem unmanageable
- preference for living in isolation
- extreme mood swings, panic attacks, or suicidal thoughts
- feelings of shame and low self-esteem
- a dependence upon alcohol, drugs, or food

PREVENTION AND TREATMENT OF ABUSE

In addition to programs available to aid in preventing abuse, victims of abuse and abusers can turn to various forms of assistance to help them deal with the abuse and their behavior. Many programs are available that not only deal with prevention but also help those who have been involved in abuse.

Prevention

Many agencies and individuals are very concerned about child abuse, but their efforts have been primarily directed at identification and treatment of abuse rather than prevention of abuse. Successful caregiving requires knowledge of how children develop and what children need as well as an understanding of one's own attitudes and behavior.

The ***National Committee for Prevention of Child Abuse (NCPCA)*** is an organization with chapters in all fifty states and the District of Columbia. It was established in 1972 to help prevent child abuse through education, research, and support. The organization consists of volunteers who work with community, state, and national groups to educate people about child abuse. Many community based support programs formed through NCPCA target the entire family. These programs believe that if

family members are to cope successfully with their roles in the family, both parents and children require support services, education, and training. For family members to function effectively in a healthy environment, the following programs are helpful:

- support and education programs for parents
- parenting education programs for adolescents and others who may become parents
- regular child and family screening to detect problems that might lead to abuse
- child-care programs for families of all financial backgrounds that help relieve stress and teach children basic skills
- training on basic life skills for children and young adults to prepare them for adulthood
- self-help groups to prevent social isolation and promote support from peers
- support services to assist families, especially in times of crisis

Teaching young people parenting education skills before they become parents may develop more competent parents. Young people can enroll in parenting and child development classes offered by schools, read related books, and care for other people's children to gain insight into the roles and responsibilities of parenting. Young people who show patterns of aggression during frustrating times may have difficulty handling their emotions. This could be an indicator of future abuse.

Treatment

In addition to programs available to aid in preventing abuse, victims of abuse and abusers can seek various forms of assistance to help them deal with abuse that is already occurring. Most abusive parents want to be good parents but lack the information to do so. People who abuse children have behavioral problems, and behavior is difficult to change. Numerous programs are available for helping abusive parents and abused children. Many of these programs direct information and treatment to the entire family.

The primary purpose of community support programs is to protect the children. All treatment programs must have this as the top priority of the program. Therefore, the main goal is to replace the abusive patterns of a parent with more caring and rewarding methods in child rearing. The abusive parent must develop a healthy self-esteem, and the stresses and strains that led to the abuse must be reduced. The most important goal of any treatment program is to keep the family intact. A standardized treatment program is not available for abusive parents. Treatment programs are created depending on the specific needs of the family. Treatment services also depend on the resources that are available in the community. Much of the treatment of abusive parents is provided by professionals and volunteers. Some treatment services for the family might include one or more of the following:

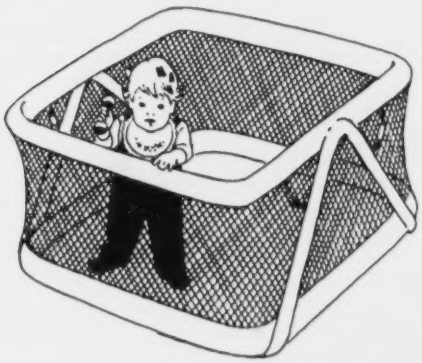
- parent-aide (lay therapist)
- professional homemaker
- crisis nursery
- therapeutic preschool
- parent support groups
- individual therapy
- family counseling
- foster care

A parent-aide also has been defined as lay therapist, community aide, mother surrogate, and best friend. A ***parent-aide*** offers time and assistance for little or no pay and becomes involved in the lives of abusive families. A parent-aide can help an abusive parent by stepping in and taking over the parenting role. This might involve caring for children in their own homes or moving children from their homes to another location to give the parent

some time alone. Parent-aides are successful because they are available to support the family and to help relieve some of the stress that accompanies parenting.

The ***professional homemaker*** teaches home management skills to parents and helps families cope with their problems. They help primarily in keeping the household functioning through a crisis. The professional homemaker adds order and structure to homes that are usually disorganized.

A ***crisis nursery*** provides a safe and secure environment where children can stay during times of family crisis and stress. Crisis nurseries are open twenty-four hours a day, every day of the year. There are no limits on the number of times a family may use the service.



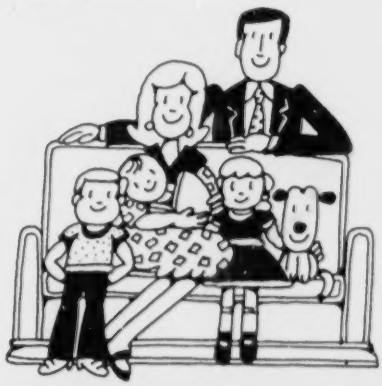
Therapeutic preschools have been established in some areas to provide child care and opportunities for parents to devote a portion of their time to getting assistance with their problems. Some therapeutic preschools have therapy or counseling available for children who suffer from problems associated with abuse.

The use of ***parent support groups*** is a common treatment method in any size community to let parents know that they are not alone. Groups of people with similar problems gather to discuss their problems, feelings, situations, and any other topics that may develop. Discussing problems with others who are in similar situations often helps abusive people see different sides of the situation while also providing suggestions and methods for changing abusive behavior.

Individual therapy involves the abusive parent seeking therapy through a psychiatrist, licensed psychologist, marriage and family therapy counselor, or church clergy. Through numerous counseling sessions, many individuals receive the appropriate treatment they need to alter their abusive behaviors.

Family counseling is a treatment approach for the entire family. Many professionals believe that all family members should be involved in counseling sessions in order to improve all relationships within the family.

Foster care involves temporarily removing a child from his or her home. The removal of a child may be necessary for several reasons including abandonment or danger of abuse. When the parent in a one-parent family is unable to care for a child, the child may be placed in foster care. An example of this is when the only parent is hospitalized and is unable to provide child care.



In automobile terms, the child supplies the power but the parents have to do the steering.

—Dr. Benjamin Spock

LAWS PROTECTING CHILDREN

With the increasing awareness regarding child abuse, more is being done to help child abuse victims. One way children are protected is by laws that have been passed regarding many aspects of child abuse.

The ***Child Abuse Prevention and Treatment Act (Public Law 93-247)*** was signed into law on January 31, 1974. This act was the response for a coordinated effort to help states solve the complex and troublesome problem of child abuse. As a result of the act, the ***National Center on Child Abuse and Neglect*** was created to determine a solution to the perplexing problem of child abuse.

The first reporting law for child abuse and neglect passed in 1963. By 1967, all fifty states had adopted reporting laws. The original laws were directed primarily toward physicians who failed to report cases in which children's injuries appeared to be caused by physical abuse. Individuals who proposed the early laws did so because they felt that medical professionals had the best ability for detecting abuse. Today, many states have changed their laws to require anyone who suspects abuse to report it to the authorities. In other states, laws have expanded to require professionals who work with children, such as teachers and other school employees, social services workers, and child-care workers, to report suspected child abuse. All citizens, especially those working with children, should be aware of the laws of their states.

Anyone who suspects child abuse should report it to the appropriate social service or child welfare agency. Anyone who reports abuse does not have to provide proof. Child abuse only has to be suspected in order for an investigation to take place. Once child abuse is reported, an investigation begins in order to protect the child. The person reporting the abuse is immune (protected) if the report is given in good faith. ***Good faith*** means that the person making the report has no intent of causing purposeful harm or injury as a result of the report. Presently, all states have an immunity clause in their child abuse laws.

Many provisions and procedures in the law regulate reporting procedures. The reporting procedure is different in each state. Local or state departments of social services and/or law enforcement agencies are designated by law to receive child abuse reports. In most states, people may report abuse by phone or in person as soon as it is suspected. A written statement, by the individual making the report, is required within five days after the oral report has been given.

In Texas, the law requires any person who suspects a child has been mentally or physically abused or neglected to report it to the local law enforcement agency or the Texas Department of Human Resources.

Failure to report is a class B misdemeanor. Punishment may include confinement up to 180 days in prison or a fine of up to $1,000.

The report must be complete according to the state's recording procedures. In general, the report should contain sufficient information regarding the following items:

- the identity of the child
- the identity of the parents or caregivers
- the type and severity of the injury
- detection of previous injuries
- the status of other children, if any, living in the home
- the present location of the child

Any additional information related to the cause of the abuse or about the person(s) committing the abuse should be included in the report.

The state of Texas has both civil and crim nal laws to protect children from abuse and neglect. If a person suspects that a child is being abused or neglected, the law requires that person to report it to the ***Texas Department of Human Services (DHS)*** or a law enforcement agency. ***Child Protective Services (CPS)***, a division of DHS, is responsible for conducting civil investigations of alleged abuse and neglect. Through CPS, the parents and family members are encouraged to solve problems that lead to abuse and neglect. The program's main goal is to prevent further harm to children while keeping the family unit together. CPS may seek court approval to remove a child from his or her home if the child appears to be in great danger. Anyone can easily report to DHS suspected child abuse by calling the local office or by calling the twenty-four hour toll-free hot line in Texas. Other states also may have hot line numbers for reporting family violence. Hot line numbers are located in the front section of the telephone directory. Many states accept anonymous reports so the person reporting the abuse does not have to be concerned about anyone knowing who made the report.

Additional information about child abuse and neglect can be secured by contacting The American Humane Association.

Summary

- Anyone can be guilty of child abuse, and any child can be the victim of child abuse.
- Parents, caregivers, teachers, and other individuals who have regular contact with children are most likely to be the people who detect signs of abuse and neglect.
- It is important for anyone who has contact with children to be able to identify the many indications of abuse and neglect. Some signs may indicate the presence of any type of abuse or neglect while other signs may signal specific types of abuse and neglect.
- Common feelings that often accompany abusive behavior include tension, stress, anger, and depression. These feelings can be brought on by many different factors.
- Factors associated with abusive behavior can be classified into one of four groups. These groups include family interactions, individual characteristics, societal values, and environmental conditions.
- While child abuse can cause serious harm to a child's growth and development, child abuse also has lasting effects that carry over into adulthood. An abused person's physical, emotional, mental, and social health may be permanently damaged.
- In addition to programs available to help prevent abuse, victims of abuse and abusers can turn to various forms of assistance to help them deal with the abuse and their behavior.
- Children are protected by numerous laws that have been passed regarding child abuse.
- In addition to laws, organizations such as the National Committee for Prevention of Child Abuse have been formed to help stop abuse.

Vocabulary

abandonment
child abuse
Child Abuse Prevention and Treatment Act (Public Law 93-247)
Child Protective Services (CPS)
crisis nursery
National Committee for Prevention of Child Abuse (NCPCA)
neglect
parent-aide
parent support groups
physical abuse

emotional abuse
family counseling
foster care
good faith
individual therapy
medical neglect
National Center on Child Abuse and Neglect
physical neglect
professional homemaker
sexual abuse
Texas Department of Human Services (DHS)
therapeutic preschools

Review

1. List the types of abuse and neglect according to the Texas Family Code.
2. List several signs that might indicate that a child has been abused.
3. What feelings often accompany abusive behavior?
4. How are factors associated with abuse classified?
5. Identify the psychological, physiological, intellectual, and social effects of abuse on children.
6. What effects might adult survivors of child abuse experience?
7. What is the National Committee for Prevention of Child Abuse?
8. What types of programs and treatment services are available to help family members prevent and stop abuse?
9. How have laws helped protect children from abuse?

Critical Thinking

Investigate the last five years of child abuse cases in your county. Categorize the cases by the types of abuse and the sex and age of the child. What trends have been established in the child abuse cases? Have child abuse cases increased or decreased in the past five years? What predictions can be made for the next five years? How can child abuse be prevented?

11

Children's Resources

ESSENTIAL ELEMENT

- Assess society's role in protecting the rights of children.(e4B)
- Identify local, state, and national resources related to children.(e5B)

OBJECTIVES

- Identify events that began society's involvement in protecting children.
- Discuss actions that have been taken to protect abused and neglected children.
- Explain laws and reforms in child care and education.
- Investigate the various types of health services available to children.
- Summarize advancements that have helped disabled people.
- Describe youth organizations and their benefits for children.
- Review various possibilities for professional assistance for children.

Society is becoming more and more concerned about children's welfare. Throughout the past century, many actions have been taken to ensure children's well-being. Before the existence of laws and organizations protecting children from harsh treatment, many children were forced to work long hours with little pay in unsafe conditions. Children who were abused

had no one to go to for help. Disabled children did not receive expert care to help them develop.

Children today are very fortunate to have many different types of resources to enhance their lives. These resources can be on the local, state, national, or international level and may be funded by the government, through private and corporate donations, from fees charged for services, or through private membership. Resources and societal changes affecting children include laws, agencies, social services, and private groups that improve children's lives.

THE BEGINNING OF CHILDREN'S RIGHTS AND REFORMS

One of the first groups organized to fight for children's rights was the ***Child Labor Committee***. This committee was founded in 1901 to help children who were subject to inferior working conditions. Since technological developments made it possible for factories to produce many goods, a great number of factories were put into operation in the late 1800s and early 1900s. With so many factories in operation, employees were needed to fill the jobs available. During this time, many people were moving to the United States from other countries in hopes of finding a better way of life. Immigration caused the population to grow rapidly, and factories created more jobs for the population. Factory workers needed income and had to work in unsafe conditions in order to support their families. Many children were put to work in the factories to provide more income for their families. Factory workers were paid poorly and were forced to work many hours a day in dangerous, unsanitary surroundings.

In addition to the Child Labor Committee, other actions gained the public's attention. A march of 300 people from Pennsylvania to New York occurred in 1903 to voice concerns about child laborers. This march, as well as the Child Labor Committee, informed thousands of people about child workers. The government finally heard the pleas from the public, social workers, and political groups. Change first occurred in several city governments and finally spread to state governments that enacted laws reforming child labor.

This was the beginning of society's awareness and determination to improve children's lives. Since the early 1900s, society and the government have enacted laws, formed organizations, funded agencies, and done many other things to help children lead better lives. Today, children receive assistance through laws passed for their protection, government services, private programs and organizations, and youth organizations. Figures 11.1, 11.2, and 11.3 list and describe services offered by government programs, private programs and organizations, and youth organizations.

PROTECTING ABUSED AND NEGLECTED CHILDREN

A wide variety of laws have been passed to protect children's rights including laws against harming and neglecting children. In some states, it is the law that anyone who suspects child abuse must report it to the proper authorities. In other states, only certain people such as doctors and teachers are required to report abuse to the authorities. These authorities may include the police as well as government agencies that are specialized in handling cases involving children.

> Misery is when grown-ups don't realize how miserable kids can feel.
>
> —Suzanne Heller

When children are in danger and someone notifies the authorities, state agencies may intervene and remove children from harmful conditions. Children who are removed may be placed with foster families. ***Foster families*** are people who provide homes for children who must be removed from their own families. Foster families work with state agencies to help children. Foster families receive money from the government to help supply children with food, clothing, and shelter. In situations where children's families are not able or not allowed to regain custody of the children, foster families may become a permanent way of life for children. In some cases, foster families may adopt their foster children so that they become permanent families.

Foster families can provide good homes for children who are in need, and they can show children that there are parents who care for and love their children without harming or neglecting them. Foster families can provide guidance for children who may have been lacking guidance when they were with their own families. Chapter 10 contains detailed information on child abuse.

PROGRESS IN CHILD CARE AND EDUCATION

Many young children receive some type of child care. When children are older, they are eligible to attend school where they have the opportunity to learn many things that are crucial to their development. Improper child care and lack of an education can have negative effects on children's development. Therefore, society has taken measures to ensure that children receive quality child care as well as an education.

Child Care

Children in child care are protected by state laws mandating the methods child care centers practice. Depending on the children's ages, specific laws regulate the number of caregivers per number of children, total number of children that the facility can care for, sanitation requirements, and other health and safety standards.

As well as the state governments, the federal government is involved in providing programs for children not yet in school. The Head Start program is funded by the federal government to assist disadvantaged and lower income children. The Head Start program can be a great advantage for children who might otherwise be deprived of the beginnings of a solid foundation for future education. Chapter 9 includes more information on the Head Start program.

In addition to state and federal resources, an organization called the ***National Association for the Education of Young Children (NAEYC)*** defines high-quality standards and helps child-care facilities and early childhood education programs achieve these standards. The NAEYC is a national organization comprised of teachers, caregivers, parents, researchers, and administrators who are concerned about the quality of education young people receive in the United States. Child-care facilities and early childhood education programs can receive accreditation from the NAEYC when the NAEYC standards are met. ***Accreditation*** is approval and recognition for meeting high standards and offering a quality program. By choosing a facility that has been accredited, parents can be assured that high standards are followed at the facility.

Education

In addition to competent child care, all children deserve the chance to receive an education. In order to assure this right, laws require children to attend school when they reach a certain age. Parents of school-age

children who are not enrolled in school can be in trouble with the authorities for violating these school enrollment laws.

In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education.

—Earl Warren
1891-1974

Other school policies may include rules enforced by individual school districts regarding treatment of children and information teachers must teach their students. State laws also protect children against abuse from their teachers and may require teachers to report suspected abuse to the authorities. Laws and policies regarding school settings and education requirements are beneficial to children. These laws and policies ensure that children receive a quality education in a healthy environment that promotes development.

Children with learning disabilities receive more assistance and understanding than they did in the past. Through research and testing, professionals know much more about learning disabilities and ways to improve the capabilities of children who have learning disabilities. By understanding and recognizing learning disabilities, parents and teachers can take the appropriate steps to improve education for children. When children have learning disabilities but are not aware of it, they may feel inadequate and unintelligent. However, when learning disabilities are diagnosed, children may understand that they have a problem that is not their fault that affects their abilities to learn. Simply knowing that a learning disability is present can heighten children's self-esteem because they know that a problem exists that hampers their abilities.

Support groups and organizations have been formed to assist children and adults with learning disabilities as well as their families. Groups and organizations provide education for professionals who can help people with learning disabilities and education for the general public to increase awareness about learning disabilities. Organizations also may provide information, referral services, and reading materials for people with learning disabilities.

HEALTH SERVICES

Many communities may offer health care services for children whose parents cannot afford medical care. These health care centers are supported by the government to help pay for clinical services. Government-funded health clinics especially are beneficial in rural or inner-city areas where physicians and hospitals may be scarce. Many children's health clinics may charge a fee based on the family's income. Fees charged according to the family's ability to pay are said to be on a ***sliding scale***. Many families may qualify to use the service for free. This type of service allows children to receive health care that they might not otherwise be able to obtain.

Many children have diseases such as muscular dystrophy that are present at birth or that strike during childhood. Children with serious health conditions may need special medical treatment and equipment such as

wheelchairs, leg braces, and crutches. Parents of children with serious health problems may need special instruction on how to care for their children. Parents need to be educated about their children's conditions in order to understand and explain them to their children when the children ask questions. Support groups for parents help them cope with the stress and concern of having children with chronic diseases (illnesses that may reappear often and/or last for a long time). Community services are available that can help children with chronic diseases. Children with chronic diseases may use many of the same resources and be protected by many of the same laws as disabled children and adults.

Organizations have been formed to help children who have specific diseases. The Muscular Dystrophy Association (MDA) funds research projects so that scientific advancements can be made in learning about, treating, and curing this disease that does not yet have a cure. MDA also uses its donations to assist children who need help with medical treatment and equipment. In addition, the association provides information and education for the public about the disease. One of MDA's largest fund-raising efforts each year is the annual telethon that appears on national television. Individuals, businesses, and organizations from all over the nation donate money to help children with muscular dystrophy.

RESOURCES FOR DISABLED PEOPLE

Many years ago, most children who had mental and physical disabilities were placed in institutions where they lived for their entire lives. Today, most parents choose to have their disabled children live at home and attend school if possible. However, some parents are not capable of providing the kind of care severely disabled children need. Severely disabled children might have to live in state or private institutions where they can receive the professional care they constantly need.

Society's role in helping disabled people includes passing laws to stop discrimination against disabled people and to allow disabled people access to all public areas. In the past, physically disabled people who used wheelchairs or needed other types of assistance to get around had difficulty accessing buildings with stairs or escalators, narrow doorways, heavy doors, narrow walkways, small restrooms, sidewalks without curb cuts, poor parking, and many other features that interfere with disabled people's abilities to function easily. While many areas are still difficult for disabled people to access, much progress has been made in remodeling and redesigning areas so that they meet disabled people's needs.

A curb is a wall to a handicapped person.

—National Council on The Handicapped

Disabled people often have been discriminated against when seeking employment. Special equipment, training, and supervision is sometimes necessary to enable disabled people to perform their jobs. Since equipment can be very expensive, training can be time consuming, and supervision may not be available, many companies choose to hire people who do not need special equipment or accommodations. However, laws passed recently state that companies cannot discriminate against disabled people simply because of their disabilities. If disabled people are qualified to perform a job, employers must provide equipment and other means necessary for disabled people to function

on the job. Laws that help disabled children and adults receive equal treatment can promote better lifestyles, more opportunities, and improved self-concepts. Lives of non-disabled people also can be enhanced when they have more opportunities to interact with people who are disabled.

With the growing acceptance of disabled people in society, programs and organizations have been formed to help disabled people and their families. Support groups for parents of disabled children allow parents to share their feelings, knowledge, and experiences with other parents. Experts also may be available to offer advice and information to group members. Contact with others who are experiencing similar situations can help parents cope with having disabled children. Support from others helps parents meet their children's needs better. By helping parents, support groups help disabled children lead better lives.

Professionals are available who have been specifically trained to help disabled people with education, physical fitness, independence, and any other areas they may need assistance with. Many disabled children may have access to these professionals through social services provided by the state or city government. Government-funded programs for disabled people include assistance with equipment, education, therapy, and recreational programs. Disabled children also can receive assistance from professionals who do not work through government programs. However, private professional help can be expensive.

One of the best-known national organizations for helping disabled people is the March of Dimes Birth Defects Foundation (MDBDF). This organization battles birth defects by providing medical services and educational programs and by funding research to find causes and methods of preventing birth defects. Research also helps improve treatments for birth defects while cures are sought. Educational programs offered by the March of Dimes train health professionals with the most recent information about children who have birth defects as well as information about healthy pregnancies and preventing birth defects.

Families may be able to receive genetic counseling and information through March of Dimes programs. Another important function of the MDBDF is educating the public about behavior and lifestyles that are necessary for a healthy pregnancy.

YOUTH ORGANIZATIONS

Membership in organizations can give children the opportunity to be involved in activities and experience things they might not otherwise have a chance to do. Youth organizations give children from diverse backgrounds the chance to make new friends and strengthen friendships, develop their potential, and become involved in the community by providing valuable service. Children can become involved with organizations through schools and attend school functions that foster involvement with other children.

Some of the most well-known national organizations for children include the Girls Scouts of the U.S.A. and Boy Scouts of America. Children's organizations allow them to get involved in projects that help the community and its citizens. Involvement in organizations can boost children's self-esteem and allow them to accomplish many tasks. Children also learn new skills. Parental involvement with youth organizations can strengthen child-adult relationships and allow adults to share their knowledge and experiences with children.

Many athletic organizations involve children in sports such as softball, baseball, basketball, football, and soccer. These organizations may be sponsored by the city, religious organizations, or adult organizations that offer children's programs as a community service. Athletic organizations offer opportunities for children to meet new people, learn a new activity, improve health and fitness, and succeed or excel at an activity. Parents are often involved with children's teams serving as coaches, providing transportation, sponsoring team parties, or preparing refreshments for the team. Parental involvement allows parents and children to spend more time together. When parents get involved with their children's activities, it shows the children that their parents are interested in what their children do and care about their children.

PROFESSIONAL ASSISTANCE FOR CHILDREN

Some children may have serious emotional difficulties that parents cannot handle on their own. These families may need to see a professional counselor who is trained in helping people overcome their problems. It is often difficult for parents to seek professional help for their children because parents may feel ashamed to admit that they cannot handle their children's problems on their own. It is important for parents to understand that providing their children with appropriate care is nothing

to be ashamed of. Parents should arrange for their children to participate in counseling or other appropriate care as long as is necessary to overcome their problems.

In addition to professionals who help children with their emotional needs, other professionals specialize in helping children with their physical needs. Some doctors specialize in caring for children. These doctors include dentists and pediatricians (doctors who specialize in infant and child care) as well as specialists and therapists who treat children with specific diseases or disabilities. In addition to these jobs, people who enjoy working with children also might consider seeking a job as an assistant or nurse in these fields. Chapter 13 contains additional information regarding jobs relating to children.

Government Services

NOTE: While some of the programs listed are specific to the state of Texas, similar resources may be available in other states.

State Government

Department of Health

community health services	provide various services including environmental health, personal health, health education, communicable disease control, and administrative services
dental health services	provide dental health education to children in kindergarten through twelfth grades; provide water fluoridation to unfluoridated community water systems serving 1,000 or more people; provide dental care including emergency treatment for relief of pain and infection
chronically ill and disabled children's services	provide physical restoration services to children under twenty-one who have congenital defects or certain chronic illnesses; offer rehabilitation services, meals, transportation, case management, diagnosis and evaluation, housing, medical supplies and equipment, and therapy
early childhood intervention	provide in-home services, special education, parent education, therapy, counseling, support groups, and funding to local agencies for children through age three with developmental delay and their families
supplemental food programs	provide financial assistance, health education, and food coupons to families with infants and children through age five; provide food coupons used to purchase specific foods high in defined nutrients; provide nutrition education each time a participant receives food coupons
vision, hearing, and speech testing and assistance	provide professional education, screening services, and medical supplies and equipment; tests vision, hearing, and speech/language for children through age twenty; inspect audiometers and provide a hearing aid loan service; conduct research

Department of Human Services

aid to families with dependent children	provide financial assistance, physician services, outpatient and inpatient hospital services, laboratory tests, family planning, home health services, prescription drug services, eyeglasses, and hearing aids to children through age nineteen and their families; provide services intended to help maintain families until they can achieve economic self-sufficiency
food programs for children	provide financial assistance for children through age thirteen; provide services through non-residential child-care programs in non-profit, tax-exempt child-care facilities; have no age limit for physically or mentally challenged children; allow for-profit child care centers to participate if at least 25 percent of their enrollment meets certain requirements
child-care services	provide child care for children of families with low income; may charge fees on a sliding scale; provide care for children through age twelve—older children are eligible if they are unable to care for themselves

Figure 11.1

child protective services	provide in-home and residential services, protective services, foster care, counseling, crisis intervention, training for independent living, and emergency services for children through age eighteen who are abused/neglected by those responsible for their care, custody, or welfare
family violence programs	provide residential services, employment assistance, counseling, crisis intervention, meals, transportation, legal services, emergency services, information, and referral for abused spouses and their children
services for the mentally retarded	provide residential services and rehabilitation services for people who are mentally retarded; responsibile for providing a comprehensive program of training and health services
school breakfast and lunch programs	provide meals for children from families with reduced incomes; reimburse providers for meals provided in schools as well as in residential child care centers
services for the disabled	provide child care, recreation programs, and rehabilitation services for physically disabled people
services for runaway and at-risk youth	provide in-home services, residential services, counseling, crisis intervention, and case management for children who are truant, runaway, homeless, at risk of abuse, or at risk of running away; provide services for children age ten through seventeen
services for the chronic mentally ill	provide case management for people who have chronic mental disorders, excluding mental retardation, and are at risk of institutionalization; serve clients who would require long-term hospitalization and psychiatric care without community based support services
Department of Mental Health and Mental Retardation	
medical screening and treatment programs	provide health education, client education, professional education, immunizations, laboratory tests, and prescription drug services for people who are mentally retarded and mentally ill
community services	provide psychiatry and human behavior services, diagnosis and evaluation, crisis intervention, residential services, counseling, case management, emergency services, vocational education, and rehabilitation services for children, delinquent youth, parents and families, people who abuse substances, people who are mentally retarded or mentally ill, people who are hearing impaired, and people who have a low income
family support	provide family support, in-home services, architectural modifications, medical supplies and equipment, counseling, transportation, diagnosis and evaluation, independent living training, and financial assistance to people who are mentally ill; provide services to enable independent living for people with mental illness and offer support to families caring for these individuals at home
state centers	provide in-home services, residential services, diagnosis and evaluation, vocational education, case management, psychiatry and human behavior services, rehabilitation services, counseling, and crisis intervention for children, adults, delinquent youth, parents and families, people who abuse substances, people who are mentally ill, people who are hearing impaired, people who have a low income, and criminal offenders
state mental hospitals	provide in-patient hospital services, psychiatry and human behavior services, crisis intervention, counseling, diagnosis and evaluation, residential services, rehabilitation services, remedial education, in-home services, and recreation programs for children, delinquent youth, parents and families, adults, people who are mentally ill, people who are hearing impaired, people who have a low income, and criminal offenders

Figure 11.1—Continued

Youth Commissions	
community services for delinquent youth	provide in-home services, residential services, intensive supervision, specialized substance abuse treatment, foster care, juvenile justice, and rehabilitation services for children and delinquent youth age ten through twenty-one; offer parole services after the youth leaves alternative placement and is returned to the community
institutional services for delinquent youth	provide bilingual education, special education, vocational education, residential services, rehabilitation services, and juvenile justice for children and delinquent youth age ten through twenty-one who have been committed by the courts
Federal Agency Programs	
U.S. Department of Health and Human Services	
Head Start programs	provide in-home services, bilingual education, pre-kindergarten education, and special education for children age three through five; provide health improvement, educational, nutritional, social, and other services; help prepare underprivileged children for kindergarten
Social Security survivors benefits	provide financial assistance to people who are qualified survivors of insured workers

Source: The Texas Health and Human Services Coordinating Council; *Health and Human Services in Texas: A Reference Guide*, 1991.

Figure 11.1—Continued

PRIVATE PROGRAMS AND ORGANIZATIONS	
NOTE: While some of the programs and organizations listed are specific to the state of Texas, similar resources may be available in other states.	
Advocacy, Inc.	non-profit corporation formed to protect the legal rights of people who have disabilities; funding is received through special federal legislation
American Cancer Society	offer services such as counseling, transportation, supplies and equipment, and education to cancer patients and their families; all funding is federal
American Diabetes Association	offer services such as public and professional education, support groups, and camping programs for people afflicted with diabetes; all funding is from private sources
American Heart Association	offer professional and public education, CPR training education, support groups, and research to help reduce the occurrences of disability and death from cardiovascular disease and stroke; all funding is from private sources
American Lung Association	offer public education and support for the prevention, control, and cure of lung disease and its causes; all funding is from private sources
American Red Cross	provide emergency relief to victims of disasters such as tornadoes, fires, and hurricanes; offer courses in swimming, first aid, CPR, nursing, and health programs; youth educational programs are also availabe for schools, colleges, and universities
Association for the Advancement of Mexican Americans	offer programs that provide delinquency prevention, drop-out recovery, emergency youth shelters, inpatient and outpatient treatment and prevention, guidance and counseling, basic education, and housing and neighborhood revitalization; programs are funded by state and federal grants as well as private sources
Association for Retarded Citizens	provide legislative, individual, and systems support on behalf of people with mental retardation and their families; provide information and referral as well as professional and public education; funding is from private sources
Cerebral Palsy Foundation	provide in-home services, pre-kindergarten education, support groups, rehabilitation services, counseling, child care, technical assistance, and camping programs to children with cerebral palsy or any other disability and their families; funding is from private sources such as insurance, Medicaid, and fees for services
Children's Transplant Association of Texas	provide support, technical assistance, transportation, public education, financial assistance, counseling, crisis intervention, housing, and support groups for children in need of an organ or tissue transplant, children who are organ and tissue recipients, or their families; one of five chapters in the United States; funding is from private sources such as individuals and civic organizations

Figure 11.2

Coalition of Texans with Disabilities	provides support, community organizing, leadership development education, and information and referral to disabled people; funding is from private sources
The Compassionate Friends	provide support groups to families who have lost children due to death; located in cities throughout the United States; funding is from private sources
Easter Seal Society for Crippled Children	provide special education, hearing aids, medical supplies and equipment, recreation programs, transportation, child care, and outpatient rehabilitative services to children with disabilities and their families in order to assist them in achieving their highest level of self-esteem and independence; offer swimming, summer camp, child care, and car seat loan program for non-disabled individuals; funding is mainly from city, county, United Way, grants, and fees; some funding is from federal and state sources
Goodwill Industries	provide residential services, vocational education, and rehabilitation services to individuals who are disabled or vocationally disadvantaged; funds are from the sale of donated goods and local funding sources
March of Dimes Birth Defects Foundation	provide public and professional education and support for health care professionals, children, pregnant women, parents and families, people with a low income, and others to prevent problems associated with birth such as low birth weight, infant death, and birth defects; funding is from private sources
Muscular Dystrophy Association	provide medical services, equipment, financial assistance, and education for people with muscular dystrophy and their families; also provide the general public with education and information about the disease; funding is from private sources
PKU Support Group	provide support groups for children and people with PKU as well as their parents and families
Ronald McDonald House, Inc.	provide housing for ill children and their families; families must be referred by a doctor, nurse, or social worker; funding is from private sources
The Salvation Army	provide residential services, pre-kindergarten education, financial assistance, rehabilitation services, employment assistance, counseling, crisis intervention, meals, transportation, and childcare; no facility offers all services; services are for children, adults, families, people with low incomes, and others who meet eligibility requirements of individual programs
Special Olympics International	provide athletic training and competition for mentally retarded children and adults; sports events are similar to those in the Olympic Games; training for the games is often through programs at the athlete's school or in the community; funding is from private sources
Spina Bifida Association of Texas	provide information and referral, financial assistance, and medical supplies and equipment to people who have spina bifida and their parents and families; funding is from private sources

Figure 11.2—Continued

Texans' War on Drugs	provide professional and public education, technical assistance, and drug prevention education for children, parents and families, people with a low income, and the general public; a statewide drug use prevention program that works with all programs which are youth-oriented; program is federally funded and administered by the Governor's Office and the Texas Commission on Alcohol and Drug Abuse
Texas Alcohol Narcotics Education	provide information and referrals as well as drug use prevention programs to the general public including schools, churches, businesses, and civic groups; funding is from private sources
Texas Association for Children and Adults with Learning Disabilities	provide education, information, and referral assistance to people who are disabled and their families; advance the education and general welfare of the learning disabled through information and referral services, newsletters, films, and literature; present annual conferences and workshops for parents and professionals; funding is from private sources
Texas Coalition for the Prevention of Child Abuse	provide public education and child abuse prevention for children, parents and families, and pregnant or parenting adolescents; funding is from private sourcess
PTA (Parent/Teacher Association)	provide parent education to help children, parents, and families by providing parent education on a variety of issues including child abuse, alcohol and drug use, parenting, and parent involvement in the schools; funding is from private sources
United Way	provide funding to agencies and organizations benefiting the general public; represent United Way members before state agencies and the state legislature; increase the capacity of people to care for each other by identifying service needs; plan, fund, and help people to access services; assist programs in improving their management capacity; funding is from private sources

Source: The Texas Health and Human Services Coordinating Council; *Health and Human Services in Texas: A Reference Guide*, 1991.

Figure 11.2—Continued

YOUTH ORGANIZATIONS

Boys and Girls Clubs of America	non-profit organization that provides support services for community clubs; focus is primarily on development of children from disadvantaged lifestyles; programs are available to enhance the skills necessary to become successful adults; funding is from private sources
Boy Scouts of America	teaches citizenship and leadership to youth age seven to twenty; also enhances skills in camping, swimming, crafts, and first aid; funding is from private sources
Camp Fire, Incorporated	provides opportunities for youth to recognize their potential and become responsible, caring citizens; a variety of programs are available that strive to improve conditions that affect children; programs are available for youth from kindergarten through high school age; funding is from private sources
4-H	provides educational programs that allow youth to explore careers, develop new skills, and provide community service; projects deal with the environment, nutrition, leadership, plants and animals, health and safety, and science as well as many other subjects; youth learn skills to become responsible and productive citizens and adults
Girl Scouts of the USA	encourages youth age five to seventeen to develop their interests and abilities while also learning to become good citizens; helps individuals develop personal values as well as self-awareness; funding is from private sources
YMCA (Young Men's Christian Association)	provide youth with health and fitness, child care, international education and exchange, employment, leadership, and recreational programs; sponsor programs to combat juvenile delinquency; offer educational programs especially for disabled people; offer several parent-child activity programs that are intended to strengthen family relationships; adult programs also are available; females and males are eligible for programs; funding is from private sources
YWCA (Young Women's Christian Association)	provide youth with child care, education in various subjects, health education, and recreational activities; sponsor programs to battle crime and delinquency; many chapters sponsor a program for teen members known as Y-Teens; adult programs also are available; males and females are eligible for programs; funding is from private sources

Source: The Texas Health and Human Services Coordinating Council; *Health and Human Services in Texas: A Reference Guide*, 1991.

Figure 11.3

Summary

- Children today are very fortunate to have many different types of resources that enhance their lives. These resources can be on the local, state, or national level and may be funded by the government, through individual or corporate donations, or through private membership.

- One of the first groups organized to fight for children's rights was the Child Labor Committee, which was founded in 1901 to help children who were subject to dangerous, unsanitary working conditions.

- Laws passed to protect abused and neglected children include laws on reporting child abuse, laws punishing abusers, and methods of removing children from unsafe conditions.

- Society has taken measures to ensure that children receive quality child care as well as an education to enhance their development. Children in child care are protected by state laws mandating child care center practices, while school-age children are required by law to be enrolled in school by a certain age.

- Many communities may offer government-supported health care services for children whose parents cannot afford other medical care. Fees may be charged on a sliding scale while many families may qualify to use the services for free.

- Organizations such as the Muscular Dystrophy Association have been formed to assist children with specific diseases. Support groups and community services also are available for children with serious diseases. These children may use many of the resources and be protected by the same laws that serve disabled people.

- With the growing acceptance of disabled people in society, programs and organizations have been formed to help disabled people and their families. Laws, support groups, and organizations are available for the protection and advancement of disabled people.

- Youth organizations are a good resource for allowing children to be involved in new activities, make new friends and strengthen friendships, develop their potential, and assist the community through service projects. Youth organizations include programs such as Girl Scouts of the U.S.A. and Boy Scouts of America as well as athletic programs sponsored by the city, religious organizations, or adult organizations offering a community service.

- Professional assistance such as therapy or counseling may be necessary for children who have serious emotional problems. Other types of professional assistance for children may include doctors and dentists who specialize in children's health.

Vocabulary

accreditation
Child Labor Committee
foster families
National Association for the Education of Young Children (NAEYC)
sliding scale

Review

1. What was the Child Labor Committee and how did it benefit children?
2. How can abused and neglected children be protected?
3. How do social welfare agencies handle children who are in dangerous situations?
4. Why are child-care mandates and restrictions necessary?
5. What laws and policies are in effect that improve children's education?
6. What types of health resources are available that benefit children, and what services do they offer?
7. Describe reforms that have made life easier for disabled people.
8. How have private organizations helped disabled people improve the quality of their lives?
9. Why are youth organizations and activities a vital part of a young person's life?
10. What types of professional assistance are available for children?

Critical Thinking

Research resources available to your community using the newspaper, telephone directory, interviews, or other ways of locating social services and organizations that help children. Find out what services are offered, what qualifications recipients must meet, what the cost is, and how the services or organizations receive funds. Choose one resource you think is particularly beneficial to children. Thoroughly research the resource and write a report.

Identify a resource that is needed in your community. Devise a plan to implement the resource including who the resource will benefit, what kinds of people will provide the service, what equipment will be needed, where funding will come from, and where the facilities or headquarters will be located. Contact local or state resources to determine if any laws exist that would affect your plan. How would you put the plan into action?

12

Care and Guidance of Special Children

ESSENTIAL ELEMENT

- ❑ Describe methods for identifying children with special needs.(e6A)
- ❑ Evaluate methods for challenging gifted and talented children.(e6B)
- ❑ Summarize ways to care for and guide children with handicaps.(e6C)

OBJECTIVES

- ❑ Investigate methods for identifying and understanding special needs.
- ❑ Explain ways of caring for and guiding children with special needs.
- ❑ Describe ways of effectively working with gifted children.

Many children have special needs due to emotional, physical, mental, and learning handicaps as well as above-average abilities that gifted children display. Children with special needs must be cared for and guided in various ways depending on their individual abilities and situations in order to develop their fullest potentials. To effectively work with a special needs child, those working with the child first must identify and understand the special need. Once the special need is identified, steps can be taken to care for, to guide, and to challenge special children.

UNDERSTANDING AND IDENTIFYING SPECIAL NEEDS

It is important for all people to understand that special needs can vary from child to child.

What applies to one child with a special need may not apply to another child with the same special need. Special needs can range from minor to severe and may be present at birth or occur sometime during a person's life. Special needs can be caused by genetic inheritance or genetic abnormalities, environmental influences, or a combination of genetics and the environment.

The development of special needs children can be slower or below that of others or faster and beyond the development of children considered to be average for a particular age. A special needs child may have only one special need or multiple special needs. A person with special needs can have several handicaps or be slower in one or more areas but still be skilled in other areas. An example is a deaf person who is a talented artist.

While many special needs may exist throughout a person's lifetime, other special needs can be overcome and corrected. Children with special needs should not be stereotyped or grouped together as being all alike.

Parents, doctors, teachers, and other caregivers may be the first to notice or diagnose a special need. When a special need is suspected, a doctor or other qualified professional can examine and test the child to determine if a special need does exist. Once a special need is diagnosed, caregivers can take steps to provide the child with special therapy and education to help the child develop to her or his fullest potential. Special needs should be identified as early as possible so that treatment and education can begin to enhance the child's development. When given attention and opportunities to develop, special needs children can often achieve things others did not think possible.

Parents also can receive education, training, and information regarding their child's special need. Parents may learn how to take care of their child themselves and learn about resources they can use to help their child. Sometimes, a child has special needs that are so severe that adequate care cannot be provided in the child's home. When parents are faced with this situation, they have the option of placing their child in an institution where adequate care can be provided constantly.

While special needs do not have the same effects on all children, there are certain activities and characteristics that children with special needs display. Children who have a specific special need may have certain characteristics in common.

Some of the most common special needs include the following:

- physical handicaps
- mental retardation
- emotional handicaps
- learning disabilities
- special gifts and talents

Physical Handicaps

Many children are born with physical handicaps due to birth defects. Other children may develop physical handicaps after birth due to illness, accidents, or neglect. Since many physical handicaps are apparent immediately, the treatment, therapy, and education can begin much sooner than for a child whose special need may take time to diagnose. For special needs that may not be obvious, parents and other caregivers need to know some of the

signals to watch for that indicate the existence of a special need. Some different kinds of physical handicaps include the following:

- hearing, vision, and speech impairments
- incapacitating illnesses or health defects such as asthma, kidney disease, and heart defects
- orthopedic defects
- muscular control difficulties

Hearing Impairments. Some characteristics of children who may have hearing impairments include the following:

- problems with speech
- no response to sounds
- watching people's faces and movements closely
- using touch more frequently than other children

The ability to hear is essential in the early development of speech and understanding language. For infants who are born with or acquire a hearing impairment at a young age, early detection is crucial to determine how speech and language have been affected. Treatment by a physician, which could include surgery or the use of hearing aids, often improves the hearing of children with hearing impairments. However, children with uncorrectable or severe hearing impairments may participate in programs for parents and children to teach them to communicate in other ways and to make the most of what hearing ability they may have.

Vision Impairments. Characteristics of children who have vision impairments include the following:

- placing the face close to objects
- squinting
- rubbing the eyes
- inability to judge distance well
- running into objects or knocking them over

Children who are born with severe vision problems need to be diagnosed at an early age so treatment or training can begin. Vision impairments may be completely correctable or correctable to some other extent. Correction may be through glasses, surgery, or therapy. Training may include teaching children how to move about without injuring themselves and how to perform everyday tasks without being able to see well or at all.

Children often develop vision impairments during childhood. If vision problems go undetected or untreated, they may worsen or children may begin to experience learning difficulties as well as difficulties in other areas such as playing sports. Learning difficulties may arise when children are unable to see clearly the words in a book, on the chalkboard, or on overhead transparencies. When vision impairments are corrected or when children learn to manage their vision handicap, learning usually improves.

Speech Impairments. For children with speech problems, parents and caregivers may observe in a child the following signs:

- speech may sound abnormal
- may have a poor self-concept
- may distort, omit, or add sounds to words
- may have voice problems that result in the voice sounding too high or low, too quiet or loud, or nasal or husky
- may have problems with the rhythm of speech and repeat words or parts of words, speak too quickly, or have difficulty actually saying the words she or he wants to say
- other people cannot understand what is being said

Sign Language

Many speech problems are correctable through speech therapy. Many schools provide speech therapy for students who have speech impairments. Professionals also may be contacted to assist with speech impairments that are severe or difficult to overcome. Some speech impairments may be caused by physical problems such as a misshapen mouth or muscular control difficulties. These types of impairments may not be correctable, but therapy may help them improve somewhat. For children whose speech is severely impaired, alternative forms of communication such as sign language may be preferable to speaking.

Illness and Health Defects. When children have physically handicapping illnesses or health defects, such as asthma, kidney disease, or heart defects, a physician usually is the person who will diagnose and treat the problem. Many health handicaps can be treated or managed so that children can lead lives as normal as possible. Children with these types of illnesses may display signs of poor health, but examination by a physician is necessary to determine the cause of the symptoms. When children show no signs that something is wrong, a physician may detect problems during a routine examination. Therefore, it is important for parents or other caregivers to schedule routine examinations for children.

Orthopedic Defects. An ***orthopedic defect*** is a problem with the formation and/or function of the arms and/or legs. Due to problems during the mother's pregnancy or accidents, some children have deformed, underdeveloped, or missing limbs. When children are born with these disorders, it may be easier for them to adjust since they have never known any other way of life. However, for an older child who is involved in an accident or develops an illness that causes this type of handicap, adjusting can be more difficult because ways of doing certain things may need to be relearned.

For older children, the mental adjustment also can be quite difficult. Children have to adjust to being different from many of the other children. Children may feel that they do not fit in and are not capable of doing things they used to do easily. Professional counseling may be necessary for children who have to make adjustments after becoming handicapped. Parents can help make the adjustment easier by learning to accept the handicaps and learning ways to help their children function independently.

Many defects can be corrected or their effects can be lessened through therapy, surgery, medication, and prosthetics. A ***prosthesis*** is an artificial substitute for a missing body part. For defects that cannot be completely corrected, children and their parents or caregivers can learn techniques to help children live lives that are as normal as possible.

Muscular Control Difficulties. Another type of physical handicap is muscular control difficulty. This type of handicap results from damage to the central nervous system. One of the most common disorders affecting control of the body is cerebral palsy. ***Cerebral palsy*** includes a group of disorders that are caused when the cerebral area of the brain is injured. Damage to this area of the brain may occur before or during birth or during the first few months after birth. Some of the symptoms of cerebral palsy include the following:

- paralysis or weakness in the limbs
- hearing, vision, and speech impairments
- involuntary movements
- rarely, mental retardation

While the area of the brain that controls movement is injured, a person with cerebral palsy may have intellectual functioning that is not damaged. A child with cerebral palsy may have average or above-average intelligence. Cerebral palsy does not worsen over time and is not life-threatening. However, a person with cerebral palsy may require care throughout her or his lifetime.

Once cerebral palsy is diagnosed, different kinds of treatment may be used. Physical therapy, surgery, occupational therapy, and medication may be able to lessen the effects of cerebral palsy. The main goal of treatment is to enable the person with cerebral palsy to become as independent as possible.

Mental Retardation

Mental retardation is below-average emotional, intellectual, and physical functioning. Below-average development in all of these areas is what separates mentally retarded children from children who have handicaps in only one or two of these areas. Children who are mentally retarded may share some of the following characteristics:

- inability to understand complex ideas
- delayed development of motor skills
- no language ability or limited vocabulary and simple sentence formation
- short attention spans
- preference for repetitive tasks
- difficulty in making choices

Generally, mentally retarded people are classified into the following three categories based on the severity of the handicap:

- those who are educable — includes children with only slight retardation; with special education, these children have the ability to learn academic skills and become fairly independent
- those who are trainable — includes children who have little ability to benefit from academic training but can be taught self-care tasks and simple tasks that allow them to perform simple jobs
- those who require institutional care — includes children who are severely retarded and cannot be taught to perform many tasks; these children usually learn little or no language skills, but may be able to perform simple self-care tasks; they generally need almost constant supervision and care

Once mental retardation is diagnosed, parents can begin programs that will help mentally retarded children feel accepted. These programs also encourage independence and help retarded children develop their potential to its fullest extent. It is important for parents and other family members to accept mentally retarded children as human beings who are just as important as other family members. Parents can help their mentally retarded children become involved in many activities in addition to their education. Through these activities, mentally retarded children can meet many new friends who will be an important part of their lives.

Emotional Handicaps

Emotional handicaps also may be referred to as behavior disorders. Some characteristics that may indicate an emotional handicap include the following:

- extreme outward behavior — may include aggressive actions such as fighting and name calling without being provoked; child may be hyperactive, moving around and not paying attention to what is happening around him or her

- extreme withdrawn behavior — may include inability to relate well to others, poor self-concept, becoming upset when changes occur, and preference for routine activities

Causes of emotional handicaps are not certain. However, stress and anxiety that are constant and serious often seem to cause undesirable behavior in children. In addition to stress, emotional disorders can be caused by birth defects, injury to the brain, and other physical reasons such as diet or chemical imbalances within the body. With professional diagnosis and treatment, emotional handicaps often can be overcome.

Learning Disabilities

A ***learning disability*** is an interference in communication within a person's brain that keeps her or him from processing and using information correctly. Several characteristics that are common in children with learning disabilities include the following:

- attention deficiency — will move from one activity to another without finishing them
- disorderly conduct — may misbehave to receive attention or to make others believe he or she is bad instead of having them think he or she is stupid
- scrambled brain messages — letters and words may be switched around or one thing might be confused with another
- below-average spatial orientation — difficulty performing tasks using concepts relating to space such as up and down or over and under; difficulty writing on a line; may get lost
- hyperactivity — constant movement and activity to the point of disrupting others
- clumsiness and awkwardness — difficulty dressing or tying shoes; trouble with sports; cannot do several things at once
- inflexibility — does not like deviating from a regular routine; may reject new things while finding comfort in familiar things

Most causes of the miscommunication that occurs in the brain are not known. However, research hopefully will one day identify exactly how the miscommunication occurs so treatment or a cure can be found. In the meantime, experts and teachers can help children with learning disabilities discover different ways of learning things that may work better than conventional ways of learning. Hard work, understanding, and support also can help improve the skills of those who have learning disabilities.

Children also may experience difficulties in learning due to problems in other areas although they do not have a true learning

disability. Learning difficulties resulting from problems in other areas may be caused by physical problems with vision, hearing, and speech. Other medical problems such as hyperactivity can interfere with learning. When a child is hyperactive, concentration and length of attention span are affected by the extreme restlessness the child experiences. When the hyperactivity is brought under control, learning often improves since concentration is better and the attention span is longer.

Emotional handicaps also can cause learning difficulties. Stress and anxiety that often accompany emotional handicaps can preoccupy children so that they cannot concentrate on other things. When an emotional handicap interferes with learning, treatment of the emotional handicap often improves learning.

Special Gifts and Talents

Gifted and talented is the term used to describe children who have above-average intelligence and/or natural ability in certain areas. Many gifted and talented children share common traits. Some of these traits include the following:

- memory for details
- changing interests
- dislike of repetition
- long attention span
- advanced use of vocabulary
- ability to read at an early age without being taught
- understanding of complex ideas
- very observant and curious
- talents emerge at an early age
- ability to make careful judgments

If a child is gifted but no one is able to recognize this trait, it can be detrimental to the child's development. A gifted child may become bored with tasks that are repetitive such as completing an entire page of similar math problems. Since gifted children may master a skill more quickly than children who are not gifted, a great deal of repetition is not necessary. When the gifted child becomes bored, he or she may do other activities that are different from what the rest of the class is doing. This can disrupt the class and may make the child seem uncooperative. Extra activities should be planned for these children so they can use their extra time exploring and learning other material.

CARE AND GUIDANCE OF SPECIAL NEEDS CHILDREN

When caring for and guiding children with special needs, people must remember that children with special needs have many of the same needs as nonspecial needs children. All children need love, support, acceptance, and security. Special needs children should not be pitied or felt sorry for; instead, they should be treated with limits and structure similar to what other children receive. However, the severity of a child's special need may have an effect on the type of treatment she or he receives. A child who is severely handicapped may not understand or be able to do complex things. Parents and other caregivers need to keep this in mind and plan care and guidance accordingly.

Support

To help special needs children develop their potentials to the fullest, resources are available that can help special needs children with education, medical care, equipment, counseling, and other needs they may have. Chapter 11 contains additional information on resources available for special needs people. Many resources provide assistance to the parents and other family members so that they learn to accept and deal with special needs in a positive way. When parents and family members are able to cope with the special need, caring for the special needs child can become much easier and less stressful.

> A teacher affects eternity; he can never tell where his influence stops.
>
> —Henry Adams
> 1838-1918

When a teacher or other caregiver suspects that a child has a special need, the teacher or caregiver needs to be cautious when discussing it with the parents. The parents should be approached in a caring manner to assure them that they are not being blamed for their child's problem. If parents are made to feel that they are at fault, they may avoid seeking help and pretend that the problem does not exist. Teachers and other caregivers can offer support and advice regarding how and where professional help can be sought.

Education

In 1975, the ***Education of All Handicapped Children Act*** was passed to ensure that special needs children age three to eighteen receive equal opportunities for an education. Therefore, parents can feel assured that they will be able to find educational programs that will meet their children's needs.

With the passage of the Education of All Handicapped Children Act, every special needs child must have an Individualized Education Program (IEP). An ***Individualized Education Program*** is a written plan that is developed by a committee made up of school personnel and the parents of the special needs child. A team of professionals assesses the child's abilities, strengths, and weaknesses and works with the committee to devise a specific education plan that will best serve the child. To ensure that an IEP is written for a child, no child is allowed to be placed in a special education program without it. The federal funding a school receives can be jeopardized if the plan stated in the IEP is not carried out.

Another benefit for special needs children that stems from the Education for All Handicapped Children Act is the policy that children be placed in the least restrictive environment. The ***least restrictive environment*** is the surroundings where children can make the most of their learning potential. Children should be allowed to set their own pace for learning new skills. It does not mean that children are allowed to do whatever they want with no supervision.

Special education teachers are available who have been specifically trained to deal with children who have special needs. When searching for an educational program for a special needs child, parents or other caregivers should make sure the following characteristics are present to ensure that a program is effective:

- program goals are clearly stated — parents and other caregivers can follow progress more easily when specific goals are known
- the importance of time is known — early identification of a special need can lead to an earlier beginning of the educational program; the intensity and duration of the program is also important to a child's progress
- those who will be working with the child are well trained — teachers, parents, and other adults who work with the children need to be specially trained to properly educate and care for the children and to meet the goals set by the educational program

Mainstreaming is a relatively new concept that provides opportunities for children with special needs to participate in many of the same classes and programs with children without special needs. In the past, special needs children were often isolated from other children and had no interaction with those who did not have special needs. However, educators have realized that it can be very beneficial to incorporate special needs children into programs that all students participate in. When special needs children and nonspecial needs children are allowed to interact, they learn to accept each other. The nonspecial needs child learns to see a special needs child as a person, looking beyond the special need. By increasing interaction between special needs and nonspecial needs children, society learns to accept and understand special needs people. The special needs child learns to feel accepted, which can improve self-concept. A special needs child may have more opportunities to achieve goals similar to those of the nonspecial needs child.

Teachers and parents need to remember that special needs children who are mainstreamed still need special resources and support that is appropriate for their special needs. Therefore, mainstreamed programs should be carefully monitored to ensure that the special needs children are getting an education that is as beneficial as one they would receive in an environment especially geared toward special needs children.

CHALLENGING GIFTED CHILDREN

Gifted children may become bored with repetitive tasks that involve a skill they can master quickly. While this type of activity may be necessary for children of average intelligence to master a skill, gifted children may need to be challenged in various ways to maintain their attention and interest in learning. Teachers, parents, and other caregivers should offer opportunities that will enhance a gifted child's outstanding characteristics and abilities. Several ways to enhance the learning of gifted children include the following:

- provide activities that strengthen higher levels of thinking such as analysis and evaluation
- provide activities that intensify creativity
- provide opportunities that require the use of managerial or leadership skills such as planning, organizing, decision making, and communicating

- provide opportunities to use problem solving and investigation such as experimenting and evaluating
- provide activities that enhance emotional development

When a gift is recognized in a child, special programs can help develop the child's special talents. Many schools now offer programs for gifted and talented students. These programs challenge students and teach them how to enhance and develop their gifts and talents. The gifted children in these programs are allowed to set their own pace when learning and developing a gift or talent.

Special schools are available for children who demonstrate extremely outstanding intelligence or talents. Children who show outstanding talent in the arts, such as dance or music, may attend special programs or schools that focus on developing these talents while still offering an education. However, most parents are encouraged to keep their gifted children in schools with all kinds of children. The competition and lack of contact with people who are not gifted may be detrimental to a child's development. Competition that often takes place between gifted children can be stressful and may push children to work too hard to be the best. Children need to interact with other children who they do not need to compete with. Gifted children need to experience how other children behave and live in order to have a realistic view of society.

Summary

- Many children have special needs due to emotional, physical, mental, and learning handicaps as well as above-average abilities that gifted children display.

- Special needs can range from minor to severe and may be present at birth or occur sometime during a person's life. Special needs can be caused by genetic inheritance or genetic abnormalities, environmental influences, or a combination of genetics and the environment.

- When a parent, doctor, teacher, or other caregiver suspects that a child has a special need, tests and examinations can be done to determine if a child does have a special need. Once a special need is diagnosed, caregivers can take steps to provide the child with special therapy and education to help the child develop to her or his fullest potential.

- Children with a specific special need may have certain characteristics in common. Some of the most common special needs include physical handicaps, mental retardation, emotional handicaps, learning disabilities, and special gifts and talents.

- Kinds of physical handicaps include hearing, vision, and speech impairments; incapacitating illnesses or health defects such as asthma, kidney disease, and heart defects; orthopedic defects; and muscular control difficulties.

- Mental retardation is below-average emotional, intellectual, and physical functioning. Below-average development in all of these areas is what separates mentally retarded children from children who have handicaps in only one or two of these areas.

- Emotional handicaps may be referred to as behavior disorders. Children with emotional handicaps may display extreme outward behavior or extreme withdrawn behavior. While the causes of emotional handicaps are not certain, constant stress and anxiety seem to be one cause of undesirable behavior in children.

- A learning disability is an interference in communication within a person's brain that keeps her or him from processing and using information correctly for learning. Experts and teachers can help children with learning disabilities discover different ways of learning things that may work better than conventional ways of learning.

- If gifts and talents are not recognized and given opportunities to develop, they can be detrimental to a child's development. Children may become bored when doing school work with the rest of the class, and they might start on other activities or explore their surroundings while other students are working. This can be disruptive and may make the children seem uncooperative.

- People must remember that special needs children have many of the same needs as nonspecial needs children. All children need love, support, acceptance, and security. Caregivers should try to treat children with special needs as much like children without special needs as possible. However, the severity of a child's special need may have an effect on the type of treatment she or he receives.

- Teachers, parents, and other caregivers should offer opportunities that will enhance a gifted child's outstanding characteristics and abilities. Special programs, classes, and even schools may be available to the child who displays outstanding gifts and talents.

Vocabulary

cerebral palsy
Education of All Handicapped Children Act
gifted and talented
Individualized Education Program
learning disability
least restrictive environment
mainstreaming
mental retardation
orthopedic defect
prosthesis

Review

1. What determines how special needs children are guided and cared for?
2. Who might first notice or diagnose a special need?
3. What are some of the most common special needs?
4. How can children develop physical handicaps?
5. How is mental retardation different from other handicaps?
6. What characteristics might indicate the presence of an emotional handicap?
7. What is a learning disability?
8. How do difficulties in other areas promote problems with learning?
9. How can possessing a gift or talent be detrimental for a child?
10. What kinds of treatment should children with special needs receive?

11. How can parents, teachers, and other caregivers promote the development of gifts and talents?

Critical Thinking

Pretend you are a child with a special need. How do you think someone will realize that you have a special need? What can be done to improve your special need? What resources are available to you and your family that will help ease the stress of having a child with a special need in the family? How do you feel about having a special need?

Research the kind of education you would need in order to become a teacher either for handicapped or gifted children. What schools near you offer this type of special training? In addition to formal education, what other traits and experiences would be good for a teacher of special needs children to possess? Do you think you would enjoy this type of work? Why?

13

Careers Regarding Advanced Child Development

ESSENTIAL ELEMENTS

- ❑ Relate personal characteristics to the appropriate career(s) addressed within each home economics course.(a7A)
- ❑ Identify employment opportunities and preparation requirements in chosen field.(a2A)
- ❑ Describe management practices facilitating individuals assuming multiple roles.(a7B)
- ❑ Discuss demands and rewards in relation to personal and family life.(a7C)
- ❑ Demonstrate effective money management.(a7D)

OBJECTIVES

- ❑ Evaluate career opportunities in fields that directly serve children.
- ❑ Discuss career opportunities in fields that indirectly serve children.
- ❑ Analyze the significance of personal characteristics to job success.
- ❑ Examine the importance of professional qualifications to job success.
- ❑ Assess the function of management practices when assuming multiple roles.
- ❑ Appraise the necessity for effective money management.

Choosing a career is one of the most important decisions that a person makes. That is why the decision must be based on complete and accurate information. Each person must be aware of his or her personal values and skills as well as the career options that are available.

One rapidly expanding field is that of child-related jobs. This is due partially to the increase in mothers who work outside the home. A second influencing factor is the recent widespread recognition of the importance of early childhood development. A variety of child-related careers are available and can be categorized according to the amount of contact with children.

CAREERS THAT DIRECTLY SERVE CHILDREN

This category is made up of careers in which a person spends time with children either on a daily or regular basis. Professionals in the fields of child care and education, mental and physical health services, and protective and social services have such direct contact with children.

Care and Education

A variety of careers are classified as child care or education. Some involve working with a group of children, such as classroom teaching or child care, while others require working with only one child at a time. Some require a college degree, special training, or experience while others provide on-the-job training.

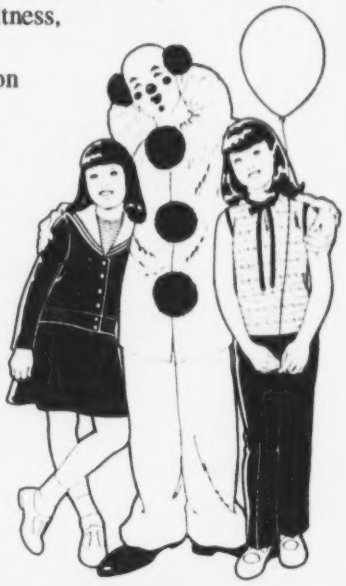
Child Care Workers. Child care workers are in increasing demand due to the dramatic changes that have taken place in society in the past two decades. More mothers work outside the home; therefore, more people are needed to care for their children. In the past, children often were cared for by someone in their extended family, such as a grandmother or an aunt. Today, few people have this luxury. The United States is now a mobile society, meaning that people often make geographic moves that take them far away from their relatives.

Some child-care facilities are operated by community or government agencies. Others may be part of large chains operated for profit. In addition, many large businesses provide child care for employees' children. However, most centers are established and operated by private citizens as a business venture.

Child care workers may be employed by these types of facilities, or they also can be employed by churches or private schools, hospitals or government agencies, or in private homes as child caregivers or nannies.

Some of the tasks that child care workers perform include diapering and feeding young children, leading songs and games, supervising play, and providing other necessary guidance and training. Some teach basic concepts such as the alphabet, numbers, and colors. Workers also must communicate with parents about their children's progress and problems. Figure 13.1 describes advantages and disadvantages of child care careers.

A special type of child caregiver is the recreation leader. He or she enjoys serving children but also enjoys recreational activity. People who choose this career may be in charge of leading sports, fitness, or arts and crafts activities. Recreation leaders may be employed by city parks and recreation departments to direct civic programs, by churches or other organizations to be camp counselors, or by theme parks or other tourist attractions to lead tours or provide entertainment for children.



Advantages and Disadvantages of Child-Care Careers

Advantages	Disadvantages
• Job opportunities at all levels of education, experience, and responsibility	• Salaries vary, but often not as high as other careers with comparable educational requirements
• Work available in every area of the country	• Work is often emotionally draining
• Opportunities for both part-time and full-time work	• May be necessary to work evenings and weekends
• Flexible working hours	• Great responsibility for the health, safety, and development of children
• Personal satisfaction for those who like helping others	• Requires exceptional energy and patience
• Contact with all age groups from infants to adults	• Few periods of relaxation during working hours

SOURCE: Holly E. Brisbane, *The Developing Child: Understanding Children and Parenting* 5th. ed., Glencoe/McGraw-Hill: Mission Hills, California, 1990. Reprinted by permission of the publisher.

Figure 13.1

Some entry-level positions, such as a child caregiver or child care center aide, require no special education. In most states, child care providers are required to be at least eighteen years old. With an appropriate amount of experience or education, a person may become an ***associate teacher***. Most associate teachers receive associate degrees in early childhood education/child development from a college. Some associate teachers only have ***Child Development Associate (CDA)*** credentials. Having CDA credentials means they have reached certain goals through their work as child caregivers. The credentials are given based on abilities and experience.

Associate teachers have gained abilities through their work and/or education. They are given more responsibility than entry-level child caregivers. Associate teachers direct their own program activities and are assigned to care for and teach a group of children.

Teachers. A teacher of young children has a bachelor's degree in early childhood education. A bachelor's degree requires about four years in college. A teacher may work in a child care center, kindergarten, or in grades one to six in a public or private school.

The teacher must be certified to teach by the state in which he or she is employed. Certification requirements vary from state to state. In Texas, for example, a student must be accepted into a state-approved teacher certification program through an accredited college or university. After successful completion of program requirements, the student is required to pass an ExCET exam in his or her area of specialization before becoming certified to teach.

A teacher's task is planning and teaching lessons to a class of twenty to thirty-five students in school settings or to a smaller class in a child care setting. The lessons must conform to guidelines set by the school district and the state. The teacher also must consider the special needs of students.

Starting salaries for teachers vary depending upon geographic area, experience, and level of education. A teacher's salary level could be raised with the addition of experience, administrative responsibilities, or an advanced degree.

Some students have needs that exceed those of the average students. ***Special education teachers*** are trained to teach students with learning disabilities, physical handicaps, mental impairments, and social or emotional adjustment problems. Sometimes ***gifted children***, those with above average potential in either a general sense or specific ability, also receive special education. Special education teachers must tailor programs for individual students, depending upon the type and degree of their needs.

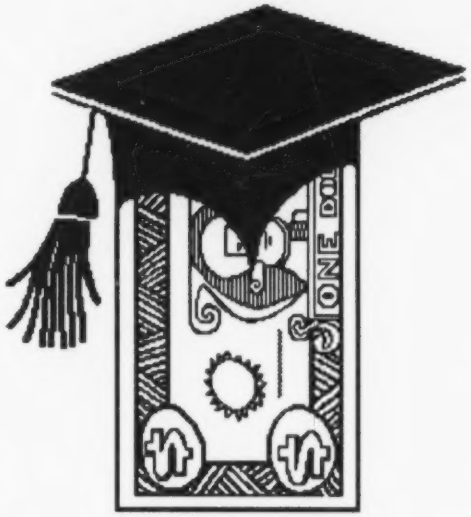
Mental and Physical Health Services

Due to the increased importance placed on the well-being of children, mental and physical health services for children are in demand. Professionals in these fields have a strong basic knowledge of their health care area and have additional knowledge of children's special health needs. Someone who enjoys children but also desires to work in a health care field might find one of the following careers satisfying:

- Pediatricians are doctors who specialize in the care of children.
- Pedodontists are dentists who specialize in the care of children's teeth.

- Pediatric nurses and school nurses specialize in the care of infants and children.
- Dietitians are specialists in nutrition who may plan for the nutritional needs of children in schools, child care facilities, and hospitals.
- Child psychologists and psychiatrists are professionals who counsel with children about their problems.
- Physical therapists may work with physically handicapped children.

These professionals must have at least a bachelor's degree, and most are required to have a more advanced degree and internship. An ***internship*** requires a person to work under the supervision of an experienced professional in the field of study.



Education can be costly, and it takes time to earn a college degree. Scholarships, grants, and loans are available to help those who need financial aid. The rewards of better paying, more responsible jobs are worth the investment to many people. A degree provides greater career flexibility. Many employers promote employees who have degrees before they promote others.

Protective and Social Services

The goal of social services is to improve the quality of individual and family life and to

protect the rights of children. Careers in child protection involve working to identify and correct injustices to children. Possible positions include child welfare workers, juvenile officers and judges, and licensing personnel. ***Licensing personnel*** check child care facilities for quality assurance.

Social workers may investigate reported cases of child abuse or neglect and take necessary steps to protect the children. This might mean finding foster or adoptive homes for the children. It also might involve counseling parents who need help with their children or counseling children who need guidance. Social workers must be good at gathering information, communicating with people, and gaining the trust and confidence of their clients.

A social worker is required to have a bachelor's degree from a recognized social work or human development program. A master's degree increases job opportunities and advancement potential and is required for some positions. Social workers are employed by government or private agencies, community and religious organizations, and hospitals. Salaries are in the medium range for entry-level positions, but increase significantly for administrators.

CAREERS THAT INDIRECTLY SERVE CHILDREN

Many people are concerned about the welfare of children but do not have direct contact with them. Their jobs have an indirect impact on children's lives. Such careers are in one of three categories: information specialist, children's goods and services provider, or entrepreneur.

Information Specialist

Careers that provide others with information about children include child development teachers, family life educators, teacher educators, researchers, and consultants.

Child development instructors teach the theories and principles of child development as well as the care and guidance of children. Typically, they work with junior high through college level students. Teachers of child development must have at least a bachelor's degree to teach at the junior high and high school levels. A master's or doctorate degree is required to teach at the college or university level. In addition to classroom instruction, they may supervise child development laboratory classes where students learn to care for children through hands-on experience.

Family life educators teach effective parenting techniques to students in high school or college or to interested parents who sign up for seminars or training sessions. Churches, community agencies, or civic organizations may sponsor such programs.

Teacher educators are employed by colleges or universities. A ***teacher educator*** is a person whose job is to train future child development teachers and family life educators. A minimum of a master's degree or often a doctorate degree is required.

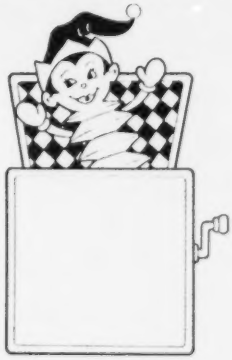
An incredible amount of research is conducted on children each year. The research is not limited to education but also is done in the fields of health, entertainment, business, and design. Research findings provide those who guide and care for children with the best methods known to do so. Most ***researchers*** are employed by federal agencies, large universities, or private research companies. Many private corporations also have large research staffs to study their particular child-related interests.

Consultants are professionals hired by organizations for expert advice on a particular topic or project. They use research data and their experience to provide information that is beneficial to people who are interested in child care and family issues. Consultants usually have an advanced degree, such as a doctorate, and much experience in child development and early childhood education.

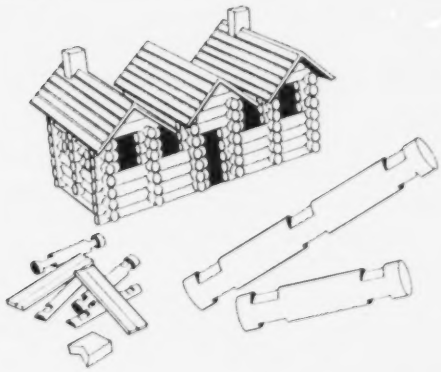
Consultants may be hired by health professionals, educators, or businesses. They may be self-employed or part of a consulting firm. They may be asked to evaluate an existing program, help design a new program or new materials, or train staff members. Since consultants are hired on a project-by-project basis, annual salaries vary according to how many consulting projects are obtained and the scope of the projects.

Children's Goods and Services Provider

Children and adults have different needs; therefore, there is a demand for special products and services designed just for children. Careers are available for professionals who create, advertise, or market child-related products or services. Careers in the field of children's entertainment also should be considered.



Designer. Imaginative people with knowledge of child development and design principles create new or improved products for children. These products may provide for children's safety and care, or they may be children's furniture, clothing, toys, or games. Products are designed to foster children's physical, mental, social, and emotional development.



Advertising and Marketing. With the increase in production of children's products comes an urgent need for people to advertise and market these products. These people must understand the consumers—children and their parents—and the marketplace. Positions are available in small businesses as well as in agencies, large corporations, and firms.

Entertainers, Writers, and Artists. Along with the recognition that children are different from adults comes the need to provide children with age-appropriate books, illustrations, and entertainment. Writers and artists must be able to view stories and illustrations through the eyes of a child. Their work must appeal to children in such a manner that the children's attention is captured.

Studies suggest that today's children spend an average of four hours a day watching television. This fact creates a great demand for children's programming. Live shows and movies also must be produced. These productions require entertainers, musicians, actors, writers, directors, and producers. These participants must understand the mental, emotional, and social needs of children in order to provide quality entertainment. Qualifications for these careers vary; however, talent, creativity, and an understanding of children's needs and preferences are essential.

Entrepreneurship

An ***entrepreneurship*** is a business that is organized and owned by one person in the expectation of making a profit. The most common child-related entrepreneurship is child care, which is often provided in the home of the caregiver. Another entrepreneurship is a small business that designs and sells children's clothing, toys, or other products. Unlike some careers in which a person must be knowledgeable only in one particular area, operating a private business requires knowledge and skills in many areas.

Clowning Around Costume Company

Business owners need to have a working knowledge of accounting, business management, and business law. They must be able to create and follow a budget, stay updated on laws that affect their business, and effectively manage people who work for them. They also must know how to advertise their product or service.

Owning a private business has advantages and disadvantages. A person must seriously consider both.

Advantages include the following:
- considerable income opportunity
- freedom to choose the business
- freedom to choose location of work and co-workers
- freedom to set work hours
- owner is boss
- perform a variety of roles, therefore less boredom
- many challenges and rewards

Disadvantages include the following:
- possibility of large financial loss
- may require long hours
- no company benefits
- responsibility for the success of the business can be stressful

Owning a child-related business can be very satisfying and profitable. A person's chances of success increase if he or she is creative, knowledgeable, and willing to work hard.

PERSONAL CHARACTERISTICS

As with any career, certain personal characteristics are related to success in child-related careers. Some of these characteristics are essential, while others are desirable. The importance of the characteristic varies according to the degree and type of contact with children a job requires. The following characteristics are necessary for a person seeking a career that involves direct contact with children. Characteristics one through six are less important if a career does not require direct contact with children.

1. Enjoy children
2. Be nurturant
3. Have patience
4. Remain flexible
5. Be able to provide appropriate guidance and discipline
6. Possess leadership skills
7. Have concern for children's welfare
8. Understand child development
9. Have good interpersonal communication skills

Enjoy Children

Successful professionals who enjoy children work directly with them. They find

pleasure while interacting with the physical, mental, emotional, and social aspects of children. They work with children in a warm, relaxed, and friendly manner; they have a desire and the ability to help children explore the world. These professionals respect children as learning, growing people. They value childhood as an important period in life and like the challenge of being involved in children's development.

Be Nurturant

To ***nurture*** a child means to actively promote his or her development. Nurturing is vital to children's development. Therefore, this role is particularly necessary for teachers and child caregivers who are often with children eight to ten hours a day, five days a week. One aspect of this role is providing needed emotional support. This means giving warm, interested, affectionate, comforting, helpful, and sincere personal responses to each child.

Children need someone to show them affection and appreciate their accomplishments. This is principally the responsibility of the parents, but in their absence it is the responsibility of the adult caregivers. At one time this role was called "mothering," but now it is known by its nongender-specific term "parenting." Parents often worry and experience guilt when they must leave their children in the care of someone else. They fear their children will not receive the love and attention they need. It is the caregiver's responsibility to communicate to parents that their children are special and are treated in a nurturing manner.

Have Patience

Professionals must be kind, understanding, and patient with children and their families. For example, parents may set rules for the care of their children that seem unnecessary or overly demanding. Such situations require patience to resolve. Everyone must feel they have been treated fairly.

Young children are learning to do things such as dress and feed themselves. A patient caregiver can provide the necessary encouragement to help children complete these sometimes slow and frustrating tasks. Impatient adults who take over the task are interfering with the children's growth and development. The children do not learn the process and may be discouraged to try again.

Professionals who work with children must be tolerant of much noise and activity. They must be able to effectively deal with typical children's responses such as anger, whining, unreasonableness, and complaining. Health care professionals must use patience with children who are ill and afraid. Adults who work with children must have self-control and never lash out verbally or physically.

Remain Flexible

When working with children, professionals must be able to adapt to changing circumstances. New insights into child development are frequent. In order to provide the highest quality of service to children, one must remain open to these new concepts. Also, children can be very unpredictable.

Be Able to Provide Appropriate Guidance and Discipline

Two very important roles for anyone working with children are guide and disciplinarian. ***Guidance*** refers to anything an adult does or says while interacting with children that is intended to influence children's thinking or behavior in a positive way. ***Discipline*** is training intended to develop self-control. It is an essential component of guidance.

Various methods and techniques can be used to teach children self-discipline and socially acceptable ways of behaving. The goal of discipline is to equip children with the skills to control their own actions and make responsible decisions.

Discipline should not be confused with punishment. ***Punishment*** implies inflicting pain, loss, or suffering because of a wrongdoing. When punishment does become necessary, it should be selected according to natural or logical consequences. For example, when a child fails to put his or her toys away at the end of a day, he or she is not allowed to play with them the following day. The child can then make a realistic connection between his or her actions and the results.

Discipline should teach children why they must follow certain rules. Adults must encourage children and help them to overcome the negative consequences of their actions. They should help children learn from mistakes in a supportive environment. ***Positive reinforcement*** is a type of discipline that praises and rewards children when they act in an appropriate manner.

Adults who work with children must be self-confident in their ability to cope with their responsibilities. They must be able to set limits, make rules, and consistently enforce them. Children are more likely to respect limits and rules if they are consistently enforced. This does not mean being rigid. The specific characteristics of the child and the situation always must be considered before acting.

Possess Leadership Skills

Children look to adults for guidance and direction; therefore, the leadership role is necessary in careers that serve children. Children cannot be held responsible for themselves, so adults must be accountable for their well-being. Professionals who work with children must be capable of exercising authority and handling the responsibility of their influential role.

Being a leader means several things. It means being able to make an informed decision and motivating others to act on that decision. Children are not self-disciplined and need encouragement to complete tasks. Leadership means setting appropriate group goals and making certain that they are attained. A leader must be able to delegate responsibility. ***Delegating*** means passing certain responsibilities on to others. A leader must consider the

person's capability to handle and complete the task assigned.

Leadership requires trustworthiness. Children must know that the adult will follow through on promises made and can be trusted to consistently provide for their needs. Adults must have a positive attitude and be able to communicate this to the children they serve. Professionals should be self-confident in their abilities. This helps children feel safe and secure.

To some, leadership seems to come naturally. Others must work to develop or improve their leadership skills. There are ways to practice. Becoming a member or an officer of a school or community organization can provide excellent leadership opportunities. Examples would be Future Homemakers of America, student council, or a student representative of the community chamber of commerce. Caring for children while their parents are away also would give a person responsibility and a chance to exercise decision-making skills.

Have Concern for Children's Welfare

Those seeking a career in a child-related field should have a deep sense of concern for the well-being of children. This concern could be focused on any one aspect of the child—physical, emotional, mental, or social—or on the child as a whole. Such professionals value every child as an important part of society.

Successful professionals in child-related fields highly value the early years of childhood as a special developmental period in the human life span. They desire to participate in and enhance this development. They see these years as the time to lay the foundations for later life and learning. These adults are dedicated to actively shaping children's experiences in some way and are committed to the welfare of children. They are not interested in fame or financial success but find satisfaction in working for children and their families.

Understand Child Development

Child development is the basic science for the study of how children grow and develop physically, mentally, emotionally, and socially. Child development knowledge draws from many other disciplines, such as physiology (study of the functions of the body and its parts), psychology (study of mental and emotional processes), and sociology (study of human society and functions of groups).

Those preparing for careers in child-related fields must study the growth, development, and behavior of children. This better prepares them to understand and plan for the children with whom they will work. This study tells them what they might expect from children of every age. It provides them with general guidelines that help determine if a developmental problem is present in a particular child or if what they are seeing is to be expected.

Professionals also should be aware of the political, social, scientific, and aesthetic worlds that influence the children and families they serve. Children are affected by everything that goes on around them. One aspect cannot be studied without considering the others. By striving to have complete information about a particular child and his or her unique developmental environment, professionals will give themselves a basis for sound decision making.

Adults who work with children must accept that different children develop at different rates. At times, a child may have uneven development—being more advanced in one aspect of development than in others. Adults must realize that change is often slow and relatively unnoticeable. They must be sensitive to these small changes and appreciate that they are part of the larger, developmental scheme.

Professionals must stay updated on new studies and research findings that may provide them with better information to serve children. This can be accomplished by attending workshops, seminars, or classroom lectures. Professional journals also are beneficial as well as exchanges with other adults working in child-related fields.

Have Good Interpersonal Communication Skills

Adults who work with children must have good interpersonal communication skills. ***Interpersonal communication*** is communication that takes place between people. These skills are used to develop and maintain relationships with young children and their families and to interact with other professionals.

Children need to feel loved and accepted. Adults who work with children may express this either verbally or nonverbally. Verbal expressions include a kind word or spoken encouragement. Nonverbal expressions of affection include a hug, pat, smile, or nod. Adults should speak in clear, simple language and avoid using baby talk. Their voices should sound confident with a kind and respectful tone.

Adults must learn to be perceptive when observing and listening to children, striving to hear what the child is really trying to say. A perceptive listener not only hears the spoken words but attends to the body language and tone of voice as well. This helps the listener identify the true meaning of the message being sent and aids in interpreting the child's needs. Taking the time to listen attentively to what children say shows the children that they are respected. It also teaches them to value their own thoughts and feelings and to respect those of others. Figure 13.2 offers tips for communicating with others.

Adults who work with children are required to have some contact with the children's families. This means building a trusting and mutually respectful relationship so that discussions pertaining to the children will be productive. Effective communication between parents and the adults who work with their children is important. Professionals also communicate quite often with other professionals through trade magazines, professional organizations, professional journals, and other media. This means professionals need to stay up-to-date with new technology and research in their field as well as possess skills in written and oral communication.

Tips for Communicating Effectively

- **Get on the child's level.** Sit or kneel so that you are eye-to-eye, not towering over the child.
- **Be simple.** Use words the child can understand. Long, complicated sentences are confusing. If you must give a child a long set of instructions, break it into steps and give one direction at a time.
- **Be clear.** Think in terms of the child's point of view. A four-year-old told to "settle down" will have little idea what that means. Avoid such vague statements.
- **Be timely.** Young children shouldn't be expected to remember instructions given to them far in advance. Give directions at the time you want them carried out.
- **Use action words.** Put them near the beginning of the sentence. "Please pick up your toys" is much easier to understand than a statement like this: "I need to get this room cleaned up, so wouldn't you like to help me?"
- **Be positive.** Hearing a constant series of "don'ts" and other negative messages is discouraging. Instead of "How many times do I have to tell you—don't slam the door?" try saying, "Please shut the door quietly."
- **Give praise and love.** Everyone needs to hear good things about themselves, but especially impressionable young children. Remember, too, that a smile or a hug can often say more than words.
- **Be open to enjoyable, rewarding communication.** Although communicating with young children often involves telling them what to do, it should not be limited to that. Children need to express their thoughts and feelings to someone who will listen to and respect them. Give children your attention and attune yourself to what they are trying to say. You will find that talking with and listening to children is often delightful and fun.

SOURCE: Holly E. Brisbane, *The Developing Child: Understanding Children and Parenting* 5th. ed., Glencoe/McGraw-Hill: Mission Hills, California, 1990. Reprinted by permission of the publisher.

Figure 13.2

PROFESSIONAL QUALIFICATIONS

The physical, mental, and social skills that a person possesses are called ***professional qualifications***. Professional qualifications are typically gained through specialized training, education, and experience. The qualifications required for a job are determined by the position's level of responsibility. Training may take place in a high school or college classroom, at a vocational/technical school, or on the job. Training usually involves being instructed to perform a particular skill or set of related skills required to perform a particular job.

Anyone entering a child-related career must have basic knowledge of child development. One area of child development cannot be studied in isolation from the others because they are interrelated. Each career, however, may stress one or more area of child development over the others. For example, a psychologist places more emphasis on the mental and emotional aspects of development than the physical. The psychologist must

consider, however, the impact that physical development has on mental and emotional development.

Most career fields have several levels of positions. A person's success in moving to higher levels usually depends upon his or her professional qualifications and personal characteristics. This progression to higher levels is known as "climbing the career ladder."

A high school diploma is necessary for most entry-level positions. Generally, a diploma indicates that the graduate has basic reading, writing, and mathematical skills. An ***entry-level position*** usually implies limited education, experience, and training. A ***paraprofessional*** is someone who has training beyond high school for a certain profession. Often a paraprofessional earns an associate's degree from a two-year college that prepares him or her to work as a team member with other, more qualified persons. Instead of attending a two-year college, a paraprofessional may have completed two years of child-related courses from a four-year degree program. An assistant teacher in a child care center is considered a paraprofessional.

As people gain education and experience, they tend to move up to better paying jobs with more responsibility. This is because increased education and experience are typically associated with specialization and refinement of basic skills. A ***professional*** is someone with a degree from at least a four-year college or technical school. Some careers require training and certification or licensing in addition to a bachelor's degree. Many professionals have more advanced degrees and considerable experience. These tend to be the people who have climbed to the uppermost levels of a career field, such as the directors and supervisors of programs, or professional consultants.

Many recent graduates of high school or college wonder how they are to gain the experience that employers desire if they are unable to secure a paying job. Volunteering is one way to gain experience. Many programs and agencies in the community depend upon volunteers to keep their programs running. A volunteer gains actual work experience, can build a good work record, and can practice and improve upon work skills. Supervisors and co-workers also are excellent references for future employers.

Another way people gain experience is by creating jobs for themselves. They realize a need in their community and fill it. Examples are people who mow lawns, care for children after school until their parents get home, or shovel snow during the winter.

MANAGING MULTIPLE ROLES

In today's society, few people have only one role to fulfill. A woman may be homemaker, wife, mother, and career person. A man may be father, husband, career person, and co-homemaker. In ***dual-career*** marriages, where both the male and female partner have careers outside of the home, learning to manage these multiple roles and responsibilities is essential to overall life satisfaction. How people accomplish these tasks varies, and their success depends to a large extent upon the commitment of both partners to the dual-career arrangement.

A couple must evaluate their ***priorities***—activities or actions that demand attention over other activities or actions—and set short and long-term goals. A ***goal*** is an object or end that a person or family strives to obtain. Only after setting priorities and goals can they effectively manage their resources.

Management is the act of supervising people or activities to obtain results. It is an effective tool for creating change and reaching desired outcomes. Management requires the use of resources to meet personal and family goals. ***Resources*** are those things that can be used to fill a need or provide aid. Resources include skills, energy, time, knowledge, money, natural surroundings, social organizations, community facilities, and political institutions. Proper management is an effective way for a couple to find satisfaction and success in their careers and in their home life.

Many women today are serious about their careers, yet many also expect to be wives and mothers. These women are likely to experience a conflict of roles and feel unsure about where their major commitment lies. This is one reason many careers are still dominated by males. Such careers require a degree of personal commitment that women were traditionally advised to give only to their husbands and children. If a couple does decide to have children, one spouse usually must put his or her career on hold, even if just for a week or two after the child is born. This career delay usually is taken by the wife.

Many employers have become more accommodating to employees with children by providing part-time or flextime positions. ***Flextime*** allows employees flexibility in choosing when they will work their designated number of hours. On-site child care is provided by some employers. Another option might be companies who allow a person to work at home in order to be near the children.

People who have multiple roles experience stress at times. ***Stress*** is the condition in which one experiences a high level of demand that causes tension. Stress can be positive or negative, depending upon how a person copes with it. Stress can be positive when it motivates an individual to accomplish tasks he or she might not otherwise complete. When stress becomes prolonged or particularly frustrating, it can be harmful. It is impossible to live a life completely free of stress. Recognizing harmful stress and determining methods of reducing it can make an important difference in the quality of an individual's life.

Without good management skills, families may make unwise decisions that cause more stress and further complicate their already busy lives. Families must sit down and discuss how everyone can contribute to making things run more smoothly. Some families must get outside help or simply accept that some things will be left undone. Careful scheduling is required to adequately care for the housekeeping, laundry, shopping, and children. Time becomes a precious commodity in busy families, so it must be managed effectively. Time must be scheduled for relaxation and for family time together. A supportive family can, however, provide the motivation to meet the demands of balancing career and home life.

Some advantages of dual-career families include the following:

- Family can enjoy higher income.
- Both spouses can experience career satisfaction.
- Couples experience more companionship and less dependence.
- Couples can hire others to do stressful duties such as laundry and housekeeping.
- Children can experience positive career role models.

Some disadvantages of dual-career families include the following:

- Stress can be higher than in traditional families.
- Financial problems can occur even though a couple makes more money than single-earner couples.
- Traditional role expectations still may affect the family.
- Demands of family and career often conflict.
- There may be lack of time to spend as a family or couple.

EFFECTIVE MONEY MANAGEMENT

Money is a limited resource that can be used to provide for the needs and wants of a family. Since it is limited, decisions regarding its use must be made with the best interests of the family in mind.

A ***salary*** refers to a rate of compensation or payment for work done. A salary may be figured by the hour, week, month, or year. A ***wage*** is an hourly rate of pay for an employee. A minimum wage was first established in 1938. A ***minimum wage*** is the least amount of money an employee can be paid per hour and is set by law. Entry-level employees without college degrees often are hired at minimum wage. As experience is gained, hourly wages may increase to amounts above the minimum wage rate. Each business has a policy regarding how employees are paid for their work. Paychecks may be received weekly, biweekly, or monthly.

An ***incentive*** is a reward that acts as a motivation for an employee to be as productive as possible. Incentives tend to tie performance

to personal initiative. Examples of incentives include the following:

- employee-of-the-month programs
- bonuses in cash, services, or goods
- vacation time in addition to regular annual leave
- dollar commission on sales

Benefits are indirect forms of payment for work other than money. The following types of rewards are sometimes used as benefits to compensate employees:

- medical or dental insurance
- pension or retirement plans
- sick leave
- vacation time
- company car
- paid holidays

Legally required benefits that employees receive regardless of where they work include the following:

- social security
- worker's compensation insurance
- unemployment insurance

These incentives and benefits can help the employee with budget expenses by freeing income that would otherwise be spent on insurance or recovering from a loss of income when unable to work due to illness, injury, or time spent on vacation. Obtaining a satisfying job, getting paid an adequate salary, and receiving adequate benefits are important considerations when selecting a job.

Budgets

A ***budget*** is a plan for spending and saving income. It can help a couple see how they are spending their income so that they can make appropriate adjustments to reach their financial goals. A good budget sets enough money aside for the necessities of food, clothing, and shelter. It also serves as an emergency fund for medical crises or wage earner layoffs. A budget also should allocate money for miscellaneous items, family entertainment, and savings for the future. The five basic steps to developing a satisfactory budget are as follows:

1. Determine needs and wants related to goals.
2. Examine fixed expenditures and income.
3. Develop a financial plan or budget.
4. Implement the plan.
5. Evaluate the plan.

A ***need*** is a condition in which something is required for the physical or mental well-being of an individual. A ***want*** is a condition in which something desirable is lacking. Fixed expenditures and income can be examined by reviewing past records. This enables a couple to estimate how much money is needed to meet the household's needs. Household expenditures can differ greatly from one family to another—even between families with the same income level.

Table 13.1 is a sample budget. It is important to remember that the percentages are only suggested limits. These percentages vary depending on the circumstances. No two families' incomes or expenditures are exactly the same.

Once a budget has been decided upon and implemented, it will become necessary to evaluate the plan on a regular basis. Adjustments should be made as necessary. Income may change, as well as needs or budgeted wants. Evaluating a plan properly and making needed adjustments helps to eliminate financial difficulties.

Sample Budget

Percent of Income	Expenses
15 - 20 percent	Debt Payments (including car, loan, and credit card payments)
25 - 35 percent	Housing (including mortgage or rent, taxes, insurance, and utilities)
15 - 20 percent	Food (including eating out)
10 percent	Clothing
5 -10 percent	Transportation (including gas, insurance, and repair)
10 percent	Savings
10 - 20 percent	Miscellaneous (including entertainment, medical insurance and expenses, education costs, personal grooming supplies, recreation, and charitable contributions)

Table 13.1

Summary

- Careers that directly serve children require daily or regular contact with children and include jobs such as teacher, child care provider, or pediatrician.
- Careers that indirectly serve children have an impact on children's lives but require no direct contact with them.
- An entrepreneurship is a business that is owned and operated by one person.
- Certain personal characteristics are directly related to success in child-related fields.
- Child development is the fundamental science for the study of how children grow and develop physically, mentally, emotionally, and socially.
- Professional qualifications are the physical, mental, and social skills that a person possesses. They are typically gained through specialized training, education, and experience.
- Most employers prefer potential employees to have at least a high school diploma. Such people generally gain entry-level positions.
- As people gain additional education and experience, they tend to move up to better paying jobs with more responsibility.
- In dual-career marriages where both male and female have careers outside the home, learning to manage multiple roles and responsibilities is essential.
- Management requires the skillful use of resources to meet personal and family goals.
- Since money is a limited resource, decisions regarding its use must be made with the best interests of the family in mind.

Vocabulary

associate teacher
benefits
budget
child development
Child Development Associate (CDA)
child development instructors
consultants
licensing personnel
management
minimum wage
need
nurture
paraprofessional
positive reinforcement

delegating
discipline
dual-career
entrepreneurship
entry-level position
family life educators
flextime
gifted children
goal
guidance
incentive
internship
interpersonal communication
priorities
professional
professional qualifications
punishment
researchers
resources
salary
special education teachers
stress
teacher educator
wage
want

Review

1. What are five occupational opportunities available to individuals who wish to work directly with children?
2. What are five occupational opportunities available to individuals who wish to have an indirect impact on children's lives?
3. What preparation requirements are needed for an individual to become a teacher of young children?
4. Why is it important for a caregiver to be patient with young children who are trying to dress or feed themselves?
5. What do students of child development study?
6. Why must professionals in child-related fields understand child development?
7. What are some advantages and disadvantages of entrepreneurship?
8. What is the goal of discipline?
9. What are some ways to practice leadership skills?
10. What are professional qualifications, and how are they typically gained?
11. What are some ways that employers are accommodating their employees who have children?
12. What are some advantages and disadvantages of dual-career families?
13. Why is effective money management necessary for a family?

Critical Thinking

Select an occupation in a child-related field that interests you. Using the classified ads, journal classified advertisements, or personal interview, locate a specific job and research it. Determine the qualifications required, duties of a typical day, number of hours per week, salary, geographic location, professional attire, possibility of advancement, and other aspects of the job. Considering your own personal interests and talents, would this job be for you? Give explanations to justify your response. Share your findings with the class in an oral presentation.

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Index

A

abandonment 183–184
abdominal changes
  after birth 89–90
abnormal movement
  neonate 82
abuse
  causes 184–185
  effects 185–186
    adulthood 186
    childhood 185
  emotional 181
    signs of 182
  forms of 179–184
  laws protecting children 189–190
  physical 181
    signs of 182
  preventing 186–188
  protection for victims of 194–195
  sexual 181
    signs of 182
  signs of 179–184
  treatment of 186–188
accreditation 195
acquired immune deficiency syndrome 56, 106
adolescent pregnancy 9, 38
advertising and marketing 230
affection
  children's emotions 131
affective guidance 155
age
  effects on prenatal development 38–39
AIDS 56, 106
alcohol 174–175
alcohol consumption
  effects on unborn infant 52–53
  fetal alcohol syndrome 52
alcohol related birth defects 53
amniocentesis 35
anemia 51, 100
anesthesia
  costs of 6
  epidural 69
  spinal 69
anger
  children's emotions 131
antibodies 50
Apgar score 71
appropriate dress 105
artificial insemination 27
artists 230
associate teacher 227
associative play 130
axillary temperature 81

B

B vitamins 99
Babinski's reflex 73
backache
  during pregnancy 34
bathing
  the neonate 78
behaviorism 122
benefits 240
biological theories
  defined 121
  of development 121
birth defects
  contributing factors 13
  related to nutrition 56
birthing centers 70
birthing process 65–68. ***See*** **childbirth**
blended family 169
blink reflex 73
bonding 82–83
bottle-feeding 75–76, 90
breads and cereals food group 57
breast changes
  after birth 90
breast-feeding 75–76
  mother's nutrition during 91–92
  problems that may arise 90
budget 240
business ownership
  advantages 231
  disadvantages 231

C

caesarean section 69–70
caffeine
  defined 53
  effects of intake 53
  substances that contain 53
calories 99
car seats 79–80
carbohydrates 98
cardiopulmonary resuscitation 15
careers 226–241
  that directly serve children 226–229
    child care workers 226
    mental and physical health services 228
    protective and social services 228–229
    teachers 227
  that indirectly serve children 229–231
    advertising and marketing 230
    artists 230
    child development instructors 229
    children's goods and services provider 230
    consultants 229
    designer 230
    entrepreneurship 231
    family life educators 229
    information specialist 229
    researchers 229
    teacher educators 229
carrier 48
cephalocaudal growth 126
cerebral palsy 215
cervix
  defined 66
  dilation of 67
challenging gifted children 220–221
chickenpox 54, 106
child abuse 179. ***See also*** **abuse**
Child Abuse Prevention and Treatment Act 189

child care
centers 170
facilities 226
family child care 170–171
Head Start program 170
in-home care 171
parent cooperatives 170
preschools 170
progress in 195
self-care 171
workers 226
associate teachers 227
licensing personnel 229
recreation leader 226
with gifted children 228
child development 118, 234. ***See also*** **development**
child development associate credentials 227
child development instructors 229
child guidance 151-156. ***See also*** **guidance**
defined 151
methods 152
affective guidance 155
arranging space 153
direct guidance 154
discipline 155–156
indirect guidance 152
making plans 153
physical guidance 154
setting examples 153
setting time schedules 153
verbal guidance 154
reasons for 152
Child Labor Committee 194
Child Protective Services 190
child psychologist 228
child-care centers 170
childbirth
birthing centers 70
caesarean section 69–70
expenses of 6
figuring date of 31
home delivery 70
hospitals 70
Lamaze method 68
Leboyer method 70–71
options 68–71
prepared 68–69
with medication 69
childhood
developmental tasks during 120
expenses of 7
children
abused 194–195
addressing questions about
physical issues 159–160
age-appropriate information 160
sexual abuse 161
development
birth to age two 133
four and five-year-olds 144–147
two and three-year-olds 139
disabled
resources for 197–198
diseases of 103
emotional development of 130–132
enjoying 231
government services for 201
growth and development of 118–120
guidance of 3
health needs of 97–103
health services for 196–197
mental development of 127–129
moral development of 132–133
neglected 194–195
organizations for 207
physical development of 126–127
private organizations for 204
private programs for 204
professional assistance for 199
resources for 193–200
history 194
social development of 129–130
with special needs 218–220
education for 219–220
support for 219
children's goods and services provider 230
children's welfare 234
chlamydia 56
chorionic villi sampling 38
chromosomal errors 51
chromosomes
abnormalities caused by drug use 53–54
defined 44
cigarette smoke 52. ***See also*** **smoking**
cilia 23
circumcision 72
climate control 105
clothing
for the neonate 77–78
cognitive development 8
defined 8, 127
theory 126
cognitive theories 123
colic 82
colostrum 90
communication skills 235
competent parenting 8–10
complementary developmental tasks 12
conception 27–28
by artificial insemination 27
by embryo transplant 27–28
by gamete intrafallopian transfer (GIFT) 28
by in vitro fertilization 28
by intercourse 27
by sperm banks 28
defined 27
genetics of 44–47
conflicting developmental tasks 12
conjunctivitis 56
constipation 34
consultants 229
contagious diseases 104
conventional moral reasoning 133
cooperative play 130
corpus luteum 25
coughing
hygiene procedure 109
CPR. ***See*** **cardiopulmonary resuscitation**
cradle cap 78
crisis nursery 188
croup 106
crowning 68
crying
excessive 82
cystic fibrosis 49

D

defects. ***See also*** **genetic defects**
caused by alcohol consumption. *See* birth

defects: contributing factors
caused by illness 54
genetic 48–51
health 215
heart 52–53
orthopedic 215
risks related to caffeine intake 53
delegating 233-234
delivery
stages of 66–68
dental care
during pregnancy 60
designer 230
development
birth to two years 133–139
cognitive 8
during the first month 84
emotional 130–132, 143–144
four and five-year-olds 144–147
intellectual skills 135–136
language skills 145
comprehension 142
expressive 141–142
math readiness skills 142–143, 146
mental 127–129
moral 132–133
motor skills 133–135
fine 140–141, 144–145
gross 139–140, 144
physical 126–127
self-help skills 141, 145
social 129–130
social and emotional 7–8
social skills 143
social-emotional skills 137–139
stages 119
tasks during childhood 120
tasks during infancy 120
theories of 120–123
traits of children to age five 133–147
two and three-year-olds 139–144
developmental tasks 12, 119
diabetes 54
diabetes mellitus 49
diapering
the neonate 76–77
diarrhea 81
dietitian 228
dilation 66
dilation stage 66
diptheria 106
direct guidance 154
disabled people
resources for 197–198
discipline 233
and moral development 133
defined 155
providing appropriate guidance and discipline 233
disease
causing special needs 215
chickenpox 54
German measles 54
group B streptococcal infection 55
hepatitis B 54
toxoplasmosis 54-55
preventing and controlling 105–111
diseases of children 103-108
divorce 168
dominant gene 45
dominant inheritance 48-49
Down's syndrome 13
defined 51
drugs 174–175. ***See also*** **medications**
illegal 53–54
cocaine 53–54
crack 53–54
effects on unborn infant 53–54
heroin 53–54
marijuana 53–54
over-the-counter
use during pregnancy 53-54
prescription
use during pregnancy 53-54
dual-career marriage
advantages 239
defined 238
disadvantages 239

E

eat
refusal to 82
eclampsia 37
ecology 166
ectopic pregnancy 36
edema 35
education
for special needs children 219–220
progress in 195–196
Education of All Handicapped Children Act 219
egg 22-23
embryo
defined 28–31
period of 28-29
embryo transplant 27-28
emotional abuse 181
emotional aspects of pregnancy. ***See*** **pregnancy: emotional aspects**
emotional development 130–132, 143–144
emotional handicaps 216–217
emotional maltreatment
signs of 182-183
emotional maturity 8
emotions
defined 130
of children 130–131
endometrium 25
engorgement 90
entertainers 230
entrepreneurship 231
entry-level position 237
environment 52–58
and children's development 120-123
defined 52, 121
effects on pregnancy 52–58
maintaining clean 111–112
epididymis 22
epidural anesthesia
used with childbirth 69
defined 69
episiotomy 66-68
equipment 80
Erikson, Erik 123
psychosocial stages 125
erogenous zone 123
estrogen 25
exercise
defined 101–102
during postnatal period 91
during pregnancy 32
needed by children 101–102
expenses
childbirth 6
childhood 7

infancy 6–7
prenatal 5–6
expulsion of the infant 66
expulsion of the placenta 68

F

fallopian tubes 23
family child care 170-171
family counseling 188
family life educators 229
family separation 167–168
fats 99
fear
children's emotions 131
feeding methods 75–76
fertilization. *See* conception
fertilization age 31
fetal alcohol syndrome 52
fetus
defined 31
period of 29-31
fever 81
financial planning 7
financial responsibilities of parenting 5–7
childhood expenses 7
financial planning 7
infancy expenses 6–7
prenatal expenses 5–6
flextime 238
follicle 25
fontanels 72
food groups 57
breads and cereals 57
fruits and vegetables 57
milk and dairy 57
protein 57
formula, infant
preparing 109
foster care 188
foster families 195
fraternal 47
free association 122-123
Freud, Sigmund 123
psychosexual stages 125
fruits and vegetables food group 57

G

gag reflex 73
gamete intrafallopian transfer (GIFT) 28
gender 45
gender role development 158
general anesthesia
defined 69
used with childbirth 69
general practitioner 59
genes
defined 44–45
dominant 45
recessive 45
genetic abnormalities
from drug use 54
genetic counseling 51
genetic defects 48–51. *See also* birth defects
counseling 51
cystic fibrosis 49
defined 48
diabetes mellitus 49
dominant inheritance 48-49
glaucoma 49
hemophilia 49
Huntington's disease 49
hydrocephalus 49
muscular dystrophy 49
phenylketonuria (PKU) 49
recessive inheritance 48
Rh incompatibility 50-51
sickle-cell anemia 49
spina bifida 49
Tay-Sachs disease 49
thalassemia 49
X-linked inheritance 49–50
genetics of conception 44–47
genital herpes 55
German measles 108
defined 54
effect on unborn infant 54
Gesell, Arnold 121
gestational age 31
gestational diabetes 36
gifted and talented 218
gifted children 228
glaucoma 49
global connections 165
goal 238
gonorrhea 55
good faith 189
government services for children 201
grasping reflex 73
group B streptococcal infection 55
growth and development. *See also* development
happen in sequence 119
interrelated parts 119–120
principles 118–120
rates of 118–119
theories of 120–123
guidance. *See also* child guidance
providing appropriate 233
child 3
defined 3, 152, 233
effects on self-concept 158
effects on self-esteem 158
providing appropriate guidance and discipline 233
gynecologist 59

H

hand washing 109
happiness
children's emotions 131
Head Start program 195
defined 170
health
care
prenatal 59–60
defects 215
education
for children 110
needs of children 97–103
nutrition 97–101
professional medical care 102–103
rest 101
of mother in postnatal period 91–92
of neonate 81–82
records 110–111
services 196–197
symptoms of illness in neonate 81–82
health and safety responsibilities of parents 7
healthful lifestyles
for children's health 111–112
hearing impairments 213
heartburn 34

hemoglobin 49
hemophilia 49
hemorrhoids 35
hepatitis B 54
hepatitis A 106
heredity 43–47
defined 43
effects on growth and development 120–121
heroin. *See also* drugs: illegal
effects on unborn infant 54
high-risk pregnancy 38
home delivery 70
homelessness 173
hospitals 70
hot flashes 91
human immunodeficiency virus (HIV) 56
Huntington's disease 49
hydramnios 36
hydrocephalus 49
hygiene
during pregnancy 60
for neonate 76–78
practices 105–109
hyperactivity
and children of smokers 52
caused by mother's drug use 53–54

I

identical 47
immunity 102
immunizations
for children 102
impetigo 106
in vitro fertilization 28
in-home care 171
incentive 239–240
incompetent cervix 37
incubation period 104
indirect guidance 152
individual therapy 188
Individualized Education Program 219
infant
care of 92–93
developmental tasks of 120
expenses 6–7
handling 80–81
space needs 16
infant-parent interaction 82–84
infectious disease 102
infertility 47
infertility drugs 47
influenza 106
information specialist 229
intellectual demands of parenting. *See* parenting
intellectual skills
development 135–136
intentional food additives 213
internship 228
interpersonal communication 235
iron 100

J

jaundice 51, 82
jealousy
children's emotions 131

K

Kohlberg, Lawrence 132

L

labor
beginning of 66
stages of 66–68
Lamaze method of childbirth 68
language comprehension skills 142
language skills
expressive 141
laws
protecting children 189–190
layette 6
leadership skills 233
learning disabilities 217–218
learning theories 121–122
least restrictive environment 219
Leboyer method of childbirth 70–71
legal responsibilities of parenting 3–5
lethargy 82
licensing personnel 229
lifestyle 10
lightening 30
defined 66
lipids 99
lochia 90
lockjaw 108
love
children's emotions 132
low birth weight
and babies born to adolescents 39
and older mothers 13
caused by alcohol consumption 52–53
caused by poor nutrition 56
caused by smoking 52
low sperm count 27

M

mainstreaming 220
management 238
managing multiple roles 238–239
dual-career marriage 238
flextime 238
goals 238
management 238
resources 238
priorities 238
stress 238
March of Dimes Birth Defects Foundation 198
marijuana 53–54
marketing and advertising 230
math readiness skills 142–143
maturation 121
maturity
social and emotional 8–9
measles 107
medical checkups
needed by children 102–103
medical neglect 183
medications
over-the-counter use during pregnancy 53
prescription use during pregnancy 53
meningitis 107
menstrual cycle 9, 25–27
defined 25

menstruation. *See also* **menstrual cycle**
defined 27
mental and physical health services 228
mental development
of children 127–129
mental retardation 52, 216
caused by poor nutrition 56
defined 216
milk and dairy food group 57
minerals 100
minimum wage 239
miscarriage
and older mothers 13
caused by alcohol consumption 52–53
caused by poor nutrition 56
caused by smoking 52
mobility 166
money management
budgets 240–241
effective 239–241
moral development
defined 5
of children 132–133
moral responsibilities of parenting 3–5
morals 132
morning sickness
and travel 60
defined 33–34
motor skill development 127
motor skills
development 133–135
fine 140–141
gross 139–140
multiple births 47. *See also* **twins**
mumps 107
muscular control difficulties 215
muscular dystrophy 49

N

narcotics
used with childbirth 69
National Association for the Education of Young Children 195
National Center on Child Abuse and Neglect 189
National Committee for Prevention of Child Abuse 186–187
need 7, 240
neglect
abandonment
signs of 183
defined 179
forms of 179–184
medical 183
signs of 183
physical 181–183
signs of 183
signs of 179–184
neglected children
protection for 194–195
neonatal care 65
neonatal death
and pregnant women who smoke 52
neonatal development 39
neonatal examination 71–72
neonate 39
abilities of 73
adjustments 74
other 74
parental impact on 74
to a different environment 74
care and protection of 76–82
bathing 78
clothing 77–78
handling 80–81
health 81–82
hygiene 76–78
safety 79
sleep 78–79
sleep patterns of 79
sleep positions 79
defined 65
development during the first month 84
equipment and toys for 80
examining 71–73
feeding 75–76
bottle-feeding 75–76
breast-feeding 75–76
parental concerns about nutrition 76
physical characteristics of 72–73
reflexes 39
sleep area needed 78
nurse-midwife 59
nurturant 232
nurture 232
nurturing children 232
nutrients 213
defined 98
nutrition 56–58
and children's health 97–101
effects of poor 101
concerns for neonate 76
during pregnancy 56–58
substances to avoid 58
for mother during postnatal period 91
for sick children 109–111
mother's during breast-feeding 91–92
requirements for children 98–101, 109–110

O

obesity 101
observational learning 122
obstetrician 59
oral temperature 81
orthopedic defects 215
ovaries 22
ovulation 25
ovum 22–23

P

pain reflex 73
papilloma 56
parallel play 129–130
paraprofessional 237
parent cooperative 170
parent support groups 188
parent-aide 187–188
parent-infant interaction 82–84
parenting 2–16
about the term 232
committing to 10
competent 8–10
deciding whether or not to become a parent 2–3
defined 2
intellectual demands 14–16
training available 15–16
new father's concerns 93–94
new mother's concerns 92–93
physical demands 16

physical readiness 9
psychological adjustments 11
feelings 12–14
redefining roles 11–12
responsibilities of 3–8. *See also* responsibilities of parenting
social adjustments 10–11
lifestyle 10
relationships with others 11
social and emotional maturity 8–9
styles 156
authoritarian 157
democratic 157
permissive 156
time and energy demands 16
parents
careers 14
concerns of new 90–94
health 14
paternity 5
Paternity/Parenthood Project Plan (PAPA) 5
patience 232
pediatric nurse 228
pediatrician 228
pedodontist 228
peers 130
penis 22
period of the embryo. *See* **embryo**
period of the fetus. *See* **fetus**
period of the zygote. *See* **zygote**
personal characteristics
being nurturant 232
enjoying children 231
having concern for children's welfare 234
having good interpersonal communication skills 235
having patience 232
possessing leadership skills
delegating responsibility 233
providing appropriate guidance and discipline 233
positive reinforcement 233
punishment 233
remaining flexible 232
understanding the principles of child development 234
personal characteristics to have for child-related careers 231–235
pertussis 107
phenylketonuria (PKU) 49
physical abuse 181
physical demands of parenting. *See* **parenting**
physical development
of children 126–127
physical guidance 154
physical handicaps 212–216
physical health
maintaining 111
physical neglect 181–183
physical readiness
defined 9
of parents 9
physical therapist 228
physician
prenatal care 59–60
types
general practitioner 59
gynecologist 59
nurse-midwife 59
obstetrician 59
Piaget, Jean 123, 125–126, 132
stages of development in cognitive developmental tasks 126
pinkeye 107
placenta previa 37
play
associative 130
cooperative 130
of children 129–130
parallel 129–130
solitary 129
poliomyelitis 107
positive reinforcement 233
postconventional moral reasoning 133
postnatal period
defined 89
father
concerns 93–94
mother
concerns 90–93
physical changes 89–90
postpartum depression 92
postpartum period 89
preconventional moral reasoning 132–133
preeclampsia 37
pregnancy
adolescent 9, 12–13, 38–39
complications during 35–38
symptoms 35
tests 35–38
effects of age on prenatal development 38–39
emotional aspects 32–33
father 33
mother 33
illness during 54–55
in women over thirty-five 13, 39
nutritional requirements during 58
physical aspects 31–32
changes in mother 32
discomforts 33–35
exercise 32
signs of 32
premature labor 36
premature rupture of membranes 37
prenatal care 5
prenatal development 28–31
defined 21
effects of mother's age on 38–39
effects of mother's illnesses on unborn infant 54. *See also* infant's health
monthly 31
stages 28–31
prenatal health care 59–60
dental care 60
rest 60
travel 60
visiting a physician 59–60
prepared childbirth 68–69
preschools 170
preservative 213
principles of child development 234
principles of growth and development 118–120
priorities 238
private organizations for children 204
private programs for children 204
professional 237
professional homemaker 188
professional medical care
needed by children 102–103
professional qualifications
defined 236

entry-level position 237
paraprofessional 237
professional 237
professional qualifications for employment 236–237
progesterone 25
prostate 22
prosthesis 215
protective and social services 228–229
licensing personnel 229
protein group 57
proteins 98
proximodistal growth 126
psychiatrist 228
psychoanalysis 122–123
psychoanalytic theories 122–123
psychological adjustments. ***See*** **parenting**
puberty 38
punishment 233

R

recessive gene 45
recessive inheritance 48
recreation leader 226
rectal temperature 81
reflexes
defined 73
of neonate 39, 73
remaining flexible 232
remarriage 169
reproductive cells
abnormalities caused by drug use 53–54
egg 22–23
sperm 22
reproductive organs
female 22–23
cilia 23
egg 22–23
fallopian tubes 23
ovaries 22–23
ovum 22–23
uterus 23
vagina 23
male 22
epididymis 22
penis 22
prostate gland 22
seminal vesicle 22
testes 22
vas deferens 22
reproductive process 22–27
researchers 229
resources 238
resources for children
government 201-203
private organizations 204-206
private programs 204-206
youth organizations 207
respiratory problems 81–82
responsibilities of parenting 3–8
cognitive development 8
financial 5–7
guidance 3
health and safety 7
legal and moral 3–5
social and emotional development 7–8
responsibility 3
rest
during pregnancy 60
needed by children 101
Rh factor 50-51
Rh immune globulin 50
Rh incompatibility 50–51
Rh negative 50
Rh positive 50
ringworm 108
role models
defined 157
influence on sex-role stereotyping 158
influences on development 157
influences on gender role development 158
rooting reflex 73
rubella 54, 108

S

safety
of neonate 79–81
salary 239
scabies 108
scarlet fever 108
scrotum 22
secondhand smoke 112
defined 52
self-care 171
self-concept 129
defined 8, 158
self-esteem
and child development 121
defined 158
self-help skills 141
self-image 129
semen 22
seminal vesicle 22
sensitive period 119
separation
defined 168
of the family 167–168
sequence 119
sex-role stereotyping 158
sexual abuse 181
defined 161, 181
signs of 182
sexual issues 159
sexually transmitted diseases 55–56
AIDS 56
chlamydia 56
defined 55
genital herpes 55
gonorrhea 55
papilloma 56
syphilis 55
shortness of breath 34
sickle-cell anemia 49
sign language 214
sleep 78–79
area
for neonate 78–79
patterns of neonate 79
positions of neonate 79
sliding scale 196
smoking
effects of secondhand smoke on children 112
effects on children of parents who smoke 52
effects on unborn infants 52
social adjustments
of parenting 10–11
social and emotional development 7–8
social and emotional maturity 8–9
social development
defined 129
of children 129–130
social learning theory 122

social maturity 8
social skills
development 143
social-emotional development 137–139, 146–147
societal trends 166–175
defined 165
employment 170–172
family separation 167–168
homelessness 173
influences on 165-166
ecology 166
global connections 165–166
technology 166
marital issues 168-169
remarriage 169
separation and divorce 168
mobility 166–167
unemployment 172–173
violence and crime 174–175
solitary play 129
sore throat 108
special education teachers 228
special needs
emotional handicaps 216–217
gifted and talented 218
identifying 211–218
learning disabilities 217–218
mental retardation 216
physical handicaps 212–216
health defects 215
hearing impairments 213
illness 215
muscular control difficulties 215
orthopedic defects 215
speech impairments 213
vision impairments 213
understanding 211–218
special needs children. ***See*** **children: with special needs**
speech impairments 213
sperm 22
sperm bank 28
spina bifida 49
spinal anesthesia
used with childbirth 69
spitting up 81
stabilizer 213
startle reflex 73
stepparents 169
stepping reflex 73
stillbirth
and older mothers 13
and pregnant women who smoke 52
caused by alcohol consumption 52–53
caused by poor nutrition 56
stimulation
of the infant 84
strep throat 108
stress 238
support
for special needs children 219
support system 11–12
sweetener 213
syphilis 55

T

Tay-Sachs disease 49
teacher educator 229
teachers 227
technology 166
test-tube baby 28
testes 22
testicles. ***See*** **testes**
tetanus 108
Texas Department of Human Services 190
thalassemia 49
theories of development
biological 121
cognitive 123
learning 121–122
social 122
traditional 122
psychoanalytic 122–123
theories of growth and development 120–123
theory of development 120–121
therapeutic preschools 188
tonic neck reflex 73
toxoplasmosis 54
toys 80
traditional learning theory 122
travel
during pregnancy 60
trimester 28
twins
identical 47
fraternal 47

U

ultrasound 38
undernourished 13
unemployment 172–173
urethra 22
uterus 23

V

vaccination 102
vagina 23
varicose veins 34
vas deferens 22
verbal guidance 154
vernix 72
villi 38
violence and crime 173–174
vision impairments 213
vitamin A 99
vitamin C 99–100
vitamin D 99
vitamins 99
vitamins, B 99
vomiting
defined 81
of neonate 81

W

wage 239
want 240
water 58
defined 100
weight gain
during pregnancy 57
whooping cough 107
writers 230

X

X-linked inheritance 49–50
X-rays
effect on unborn infant 53

Y

youth organizations 199, 207

Z

zygote
defined 28, 47
period of 28-29

268